The votes that shaped EU global health policy: 
Analysis of European Parliament voting behaviour on 
Global Health R&D and SRHR 2009-2014

Research commissioned by DSW, IPPF EN, EPF and MSI

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Disclaimer: This report was commissioned by DSW, IPPF EN, MSI and EPF. It presents an independent, non-partisan analysis of votes cast in the European Parliament plenary in the 2009-2014 period on a set of issues selected by the DSW, IPPF EN, EPF and MSI. This report does not constitute an endorsement of those policies.

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About VoteWatch Europe

VoteWatch Europe is an independent organisation set up to promote better debates and greater transparency in EU decision-making, by providing easy access to, and analysis of, the votes and other activities of the European Parliament and the EU Council of Ministers. VoteWatch uses the EU Institutions' own attendance, voting and activity data - available through their websites - to give a full overview of MEP and Member State activities.

About DSW

DSW (Deutsche Stiftung Weltbevölkerung) is an international development and advocacy organisation. We empower young people and communities in low- and middle-income countries by addressing the issues of population dynamics and by improving health as a way to achieve sustainable development. With a headquarters in Hannover, Germany, DSW maintains four country offices in Ethiopia, Kenya, Tanzania and Uganda, as well as liaison offices in Berlin, Germany and Brussels, Belgium.

About IPPF EN

The International Planned Parenthood Federation European Network (IPPF EN) is one of six regions of IPPF. IPPF EN includes 40 Member Associations and collaborating partners in as many countries throughout Europe and Central Asia. The Region reaches from Iceland to Kyrgyzstan and from Russia to Israel, from some of the richest countries in the world to some of the poorest, from donor countries to recipient countries, from long-standing democracies to countries still struggling to find their way. IPPF EN focuses on five thematic areas: Advocacy - Access - Adolescents - Abortion - HIV/AIDS.

About EPF

EPF (European Parliamentary Forum on Population and Development) is a Brussels-based parliamentary network that serves as a platform for cooperation and coordination for over 30 all-party groups in Parliaments throughout Europe that focus on global health, and particularly on improving sexual and reproductive health and rights (SRHR) at home and abroad. EPF seeks to empower Members of Parliament in Europe to advocate for population and development issues in a national, regional and international setting.

About Marie Stopes International

Millions of the world's poorest and most vulnerable women trust Marie Stopes International to provide them with quality family planning and reproductive healthcare. We have been delivering contraception, safe abortion, and mother and baby care for over thirty years and operate in over 40 countries around the world. By providing high quality services where they are needed the most, we prevent unnecessary deaths and make a sustainable impact on the lives of millions of people every year.
List of abbreviations

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<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>ACP</td>
<td>African, Caribbean and Pacific countries</td>
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<td>ALDE</td>
<td>Alliance of Liberals and Democrats for Europe Group</td>
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<td>DCI</td>
<td>Development Cooperation Instrument</td>
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<td>DSW</td>
<td>Deutsche Stiftung Weltbevoelkerung</td>
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<td>ECR</td>
<td>European Conservatives and Reformists Group</td>
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<td>EDCTP</td>
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<td>European Development Fund</td>
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<td>EFD</td>
<td>Europe of Freedom and Democracy</td>
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<td>EP</td>
<td>European Parliament</td>
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<td>EPF</td>
<td>European Parliamentary Forum on Population and Development</td>
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<td>EPP</td>
<td>Group of the European People's Party</td>
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<td>EU</td>
<td>European Union</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>Greens-EFA</td>
<td>Greens-European Free Alliance Group</td>
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<td>GUE-NGL</td>
<td>European United Left - Nordic Green Left Group</td>
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<td>IPPF EN</td>
<td>International Planned Parenthood Federation European Network</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MEP(s)</td>
<td>Member(s) of the European Parliament</td>
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<td>MFF</td>
<td>Multiannual Financial Framework</td>
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<td>Marie Stopes International</td>
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<td>OCT</td>
<td>Overseas Countries and Territories</td>
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<td>PRNDs</td>
<td>Poverty-related and neglected tropical diseases</td>
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<td>S&amp;D</td>
<td>Progressive Alliance of Socialists and Democrats</td>
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4. Establishing a financing instrument for development cooperation, December 2013 EP plenary session
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10. Sexual and reproductive health and rights, October 2013, Request for referral back to committee
11. Sexual and reproductive health and rights, Alternative motion for a resolution (by EPP, ECR), December 2013 EP plenary session
12. Sexual and reproductive health and rights, Alternative motion for a resolution (by EFD), December 2013 EP plenary session
Foreword

By DSW, EPF, IPPF EN and MSI

As another parliamentary cycle comes to a close, it is important to take stock of the European Parliament’s (EP) achievements between 2009 and 2014. This parliamentary term, spanning both the pre- and post-Lisbon eras, has seen major debates on, and changes to, the role of the European Union (EU) as an international actor. In particular, this parliamentary term has shown the continuous commitment of the EP to maintaining the EU’s role as the world’s biggest supporter of development assistance (as measured by ODA) and Global health (as measured by two specific policy areas: sexual and reproductive health and rights (SRHR)¹ and poverty-related and neglected tropical diseases PRNDs²).

Reflecting its growing role as set out in the Lisbon Treaty, the EP has had a crucial role in shaping how the EU responds to global challenges. The EP has been increasingly assertive in promoting its position on a range of development issues, be it in the decision-making on the EU’s external budget for 2014-2020, contributing to the EU’s position in the post-2015 discussions, or advocating for the rights of people living in low- and middle-income countries in the area of global health.

What the EP says on global health can force EU decision-makers to ensure sufficient financial and policy support to issues that need it – such as research and development targeted at the creation of new health technologies to fight against poverty-related and neglected tropical diseases. It can push the European Commission to mainstream issues of gender equality, women’s empowerment and universal access to SRHR in EU development policy. However, the EP could also stymie efforts, negatively affecting the EU’s position at the forefront of advocating for the rights of women and young girls and boys to take control of their health and future.

In the last five years, we have seen all this and more at the EP. The votes highlighted in this report establish a clear pattern within the EP since 2009 in support of Global health, SRHR and PRNDs. We

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1 SRHR covers four distinct but interlinked issues. Sexual Health includes healthy sexual development, equitable and responsible relationships and sexual fulfilment, freedom from illness, disease, disability, violence and other harmful practices related to sexuality. Sexual Rights are the rights of all people to decide freely and responsibly on all aspects of their sexuality, including protecting and promoting their sexual health, to be free from discrimination, coercion or violence in their sexual lives and in all sexual decisions, expect and demand equality, full consent, mutual respect and shared responsibility in sexual relationships. Reproductive Health is the complete physical, mental and social well-being in all matters related to the reproductive system including a satisfying and safe sex life, capacity to have children and freedom to decide if, when and how often to do so. Reproductive Rights are the rights of couples and individuals to decide freely and responsibly the number and spacing of their children, to have the information, education and means to do so, attain the highest standards of sexual and reproductive health and make decisions about reproduction free of discrimination, coercion and violence. (Based on the International Conference on Population and Development (ICPD) Programme of Action (UNFPA, 1995) and the Beijing Declaration and Platform for Action (UN, 1995).

2 Poverty-Related and Neglected Tropical Diseases (PRNDs) are at the core of some of today’s most pressing global health challenges. PRNDs are generally understood to include diseases that predominantly occur in developing countries, cause a high burden of disease, significantly reduce quality of life or can lead to death, and for which there are no (or no adequate) treatments. Almost all of these diseases are infectious diseases that are transmitted either directly between humans or from animals to humans (zoonoses). This category of diseases includes HIV & AIDS, malaria and tuberculosis as well as 17 neglected tropical diseases occurring primarily in the poorest populations worldwide.
welcome the overwhelmingly positive support shown for development assistance in general by the EP, and its strong stance on financing for health and global health research.

During its next term, the EP will also, for the first time, have the chance to review and revise the EU’s multi-annual budget for the period 2014-2020 – including spending on development and global health. It will continue to exercise scrutiny over the implementation of EU development and research policies, through the adoption of annual work and strategic plans and through on-going strategic dialogue with the other institutions. The new parliamentary term set to be installed in the May 2014 elections will have a crucial role to play in these processes.

The votes highlighted in this report show that the EP still has a way to go in creating a coherent position – particularly when it comes to SRHR. MEPs and the leadership of all the political groupings in the EP need to overcome ideological and other differences. They need to recognise that promoting maternal and child health, access to comprehensive family planning services, and supporting the fight against PRNDs can have a profound impact on the lives and futures of coming generations of young men and women.
Executive Summary

This report seeks to give an account of how MEPs have dealt with the issues of Global Health as a part of EU policy in the last five years (2009-2014), using two key focus areas: sexual and reproductive health and rights (SRHR) and research and development on poverty-related and neglected tropical diseases (PRNDs). It aims at giving possible insight into how MEPs may be expected to approach these areas in the coming five years. As such, a number of key findings can be identified in the research:

EU Development Policies

- A majority centre-left coalition have supported measures promoting EU action on global health, including improving national health systems.
- There is general and broad left-right support in the EP for the EU’s work on the Millennium Development Goals and for the EU’s development policy framework, the Agenda for Change.
- Within the EP’s position on the EU’s post 2015 policy, there are ideological differences between the liberal-left and the conservative elements in the Parliament, with EFD, ECR and some EPP MEPs voting against the inclusion of SRHR and safe abortion in the EP’s resolution.

EU Financing Instruments

- The EP has expressed a positive general consensus across the political spectrum for the EU’s main financial instruments for development, the Development Cooperation Instrument (DCI) and the European Development Fund (EDF).
- There is near-unanimous support for EU global health objectives as part of Horizon 2020 (the EU’s seven year research budget), and in particular its main funding mechanism for research into PRNDs – EDCTP.

Health and Empowerment

- There are clear ideological and national divides evident in the EP in recent votes on family planning, contraception, HIV and AIDS and other aspects of SRHR.
- While a broad right-left coalition has supported better access to prevention, testing counselling and treatment for HIV and AIDS, on more specific issues of SRHR the centre-right EPP and other right-wing parties are either divided or firmly opposed.
- Votes on SRHR and other related issues – such as female genital mutilations – have also exposed internal divisions with the EPP. EPP members from countries such as Belgium, France, Greece and the Nordic countries have formed a ‘liberal wing’ of the EPP and are generally supportive of SRHR across the EU’s development policy.
- The liberal elements within the EPP have generally been opposed by a coalition of conservative EPP and ECR members from Poland, Ireland, Spain, Italy, Germany and several other central and eastern-European member states.
- The impact of the ‘Edite Estrela’ Report
  - Until recently, this conservative alliance of EPP, ECR, EFD and others have been unable to gather enough votes to prevent the EP taking positive positions on SRHR issues. However, this has changed towards the end of the EP’s term as realignment has taken place within the EPP.
As demonstrated by the vote on the so-called ‘Estela Report’ on SRHR in December 2013, the French EPP delegation aligned itself with the conservative wing of the EPP group to first stall and then water down the EP’s position on SRHR. This succeeded in defeating the previously dominant progressive coalition in the EP.
1. EU development policies

Key votes

EU role in Global Health

*Health care systems in sub-Saharan Africa and global health, October 2010 EP plenary session*

In October 2010, the EP adopted a resolution on health care systems in sub-Saharan Africa and global health. The report calls on the international community, and specifically on the EU, to step up support for health services in developing countries in Sub-Saharan Africa.

The text stresses that private emergency aid alone does not represent a sustainable solution in the long term and makes the case for the implementation of national health systems in the countries concerned. These systems would be based on solidarity and would provide equal access to everyone. To this aim, the EU should ensure that the pre-conditions for the existence of mutual systems are met, by providing basic funding and guidance, as well as access to drugs. The resolution also states that health care programmes should be supported by educative ones.

In the area of SRHR, the report highlights the position that women have the right to exercise full control over matters related to their reproductive health, as regards procreation, contraception, abortion or sexually transmitted diseases. It calls for women’s right to access healthcare in the area of SRHR.

The text calls on Member States and the Commission to allocate at least 20% of all development spending to basic health and education, to increase their contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria and to prioritise maternal health and efforts to combat infant mortality.

The resolution passed by 328 votes to 183 and 24 abstentions. The votes in favour came from the centre-to-left groups ALDE, S&D, Greens/EFA, GUE-NGL groups, as well as from most ECR MEPs and a minority of EPP MEPs³.

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In October 2012, the EP passed a resolution on the future of EU development cooperation. The text adopted by the MEPs welcomes the Commission’s communication “Agenda for Change”, and praised the EU’s intention to further promote governance, sustainable growth and the development of social protection systems in developing countries.

The EP resolution revised a number of aspects of the “Agenda policy”, focusing on the areas that would require further development. For example, the EP noted that the Commission’s communication placed the principle of differentiation at the heart of European development policy. According to this principle, development aid from the EU will be concentrated on the least developed countries, which are differentiated from the middle-income ones. The EP called on the Commission to set vulnerability criteria when implementing the differentiation principle, so that the most deprived people from with middle-income countries would have access to basic education and health.
Aside from the broader aspects of EU development policy, the EP’s resolution included a focus on the EU’s role in Global Health, and particularly on SRHR. The resolution calls on the Commission to continue supporting a rights-based approach to the population and development agenda, notably through collaboration with civil society organisations (CSOs) and UN agencies like UNFPA (in line with the Programme of Action adopted at the International Conference on Population and Development (ICPD), held in Cairo in 1994).

The EP largely supported the resolution, which was adopted by 540 votes to 36, and 65 abstentions. EPP, S&D, ALDE, Greens/EFA and GUE-NGL voted in favour, while most ECR members abstained and the EFD votes were split.

Post Millennium Development Goals


In June 2013, the EP adopted a non-binding resolution on the progress towards the achievement of the Millennium Development Goals (MDGs). The resolution evaluated the progress made, as well as the then current state of play. The MEPs proposed new commitments and priority targets to achieve the MDGs in developing and under-developing countries. More specifically, the focus fell on poverty eradication, sustainable development, good governance and environmental sustainability. The final vote on this report was not taken by roll-call (it was not registered), reason for which data on how each MEP votes is not available.

Paragraph 21 calls on the EU to “strongly defend the right to the highest attainable standard of health, including sexual and reproductive health and rights and the integration of HIV/AIDS, inter alia in the provision of voluntary family planning, safe abortion and contraceptives”. The vote on this paragraph was split in 6 different parts.

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The first vote was on the whole text of the paragraph, with the exception of any reference to sexual and reproductive health and rights. The provision passed by a large majority composed of all seven EP groups (566 to 20 votes).

The second vote was on the right to the highest attainable standard of health, including sexual and reproductive “health”. This provision also passed with the support of all seven groups (507 to 53 votes). The inclusion of sexual and reproductive “rights” in the text also passed, however, with a larger number of votes against (413 votes in favour to 138 against). These votes came mainly from EFD, same ECR members and 96 EPP MEPs (most of them from the Polish, Spanish, Irish, German, Estonian, Lithuanian, Hungarian and Maltese delegations).

Votes on sexual and reproductive rights provision:

![Breakdown of votes within the EPP Group](image)

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5 More exactly, the excluded phrases were: “sexual and reproductive health”, “and rights”, “the provision of voluntary family planning”, “safe abortion”, and “and contraceptives”.
The provision on “voluntary family planning” passed by with 542 to 36 votes, only the EFD group opposing it\(^9\). However, the provision on “safe abortion” proved to be the most controversial one, passing by 379 to 183, the votes against coming mostly from the EPP and EFD groups\(^10\).

Lastly, 547 MEPs (to 34) voted for the inclusion of the word “contraceptives” in the final paragraph, most of the groups voting in favour (with the exception of the EFD group, whose votes were split)\(^11\).

**Votes on safe abortion provision:**

2. EU financing instruments

Key votes

DCI: Establishing a financing instrument for development cooperation

Establishing a financing instrument for development cooperation, December 2013 EP plenary session

In December 2013, the EP adopted its position at first reading, under the ordinary legislative procedure, on the European Commission’s proposal for establishing a financing instrument for development cooperation (DCI II), which sets up a new legal base for the Union’s development policies.

The EP welcomed the Commission’s proposal according to which poverty eradication, sustainable development, democracy consolidation, as well as support for human rights, would continue to represent main objectives of EU’s development policies. The proposal introduced an important new element in the EU’s development policy, the differentiation principle, which makes a distinction between the least developed countries and those that evolved into higher middle-income countries. According to this principle, development aid would be concentrated on the poorest countries.

The EP’s report on the DCI repeats the call for the EU to allocate at least 20% of the instrument for supporting the provision of basic social services, and especially health, in line with the Programme of Action of the ICPD.

It also includes requests for strengthening health systems, addressing the lack of qualified health providers, fair financing for health and making medicines and vaccines more affordable for the poor; and calls on the EU to support the full implementation of strategies to promote sexual and reproductive health and rights and strategies to reduce child and maternal mortality. In the area of PRNDs, the EP’s report identifies global public goods including immunisation and responses to global health threats (such as HIV and AIDS, tuberculosis (TB) and malaria and other PRNDs) as being covered by the EU’s support for health under the DCI.

Overall, the text presented in the plenary enjoyed large support from all seven parliamentary groups, passing with an overwhelming majority (639 votes for to 27 against and 24 abstentions\textsuperscript{12}).

\textsuperscript{12} See votes: http://www.votewatch.eu/en/establishing-a-financing-instrument-for-development-cooperation-draft-legislative-resolution-vote-le.html
European Development Fund


In March 2013, the EP adopted a resolution on the preparation of the Multiannual Financial Framework regarding the financing of EU cooperation for African, Caribbean and Pacific States (ACP) and Overseas Countries and Territories (OCT) for the 2014–2020 period (11th European Development Fund-EDF).

The EP proposed a series of recommendations for the implementation of the 11th EDF, on a number of aspects such as budget, poverty eradication, sustainable economic and social development. The MEPs urged the Member States to ensure sufficient funding of the 11th EDF, which would allow the EU to respect its commitments in the area of international development. The MEPs also called for an earmarking of 20% of the future EDF budget for the development and strengthening of basic social services, stressing the importance of building on the progress made in ensuring access of the poorest and the most vulnerable groups (including women) to basic health and education.

Additionally, the EP’s resolution urges the Commission and ACP partner countries to prioritise aid to strengthen health systems in order to ensure access to basic maternal, reproductive and child healthcare, with particular emphasis on the poorest sections of the population and the fight against HIV and AIDS.

The resolution was adopted by 547 to 61 votes. Most groups voted in favour, with the exception of the ECR group, which voted against, and the EFD group, whose members’ votes were split (11 votes in favour, 11 against and 7 abstentions)13.

Horizon 2020

*Horizon 2020 Framework Programme for research and innovation 2014-2020, November 2013 EP plenary session*

In November 2013, the EP adopted its position in first reading on a legislative resolution on the proposal of the Commission on the Horizon 2020 Programme. The EP welcomed the proposal, which reflects previous EP recommendations on the topic, and expressed its satisfaction with the complexity of the programme.

The legislative text adopted by the EP on Horizon 2020 has specific reference to PRNDs. The final text recognises that “infectious diseases” (e.g. HIV and AIDs, tuberculosis and malaria), are a global concern, accounting worldwide for 41% of the 1.5 billion disability-adjusted life years, with 8% of these in Europe. PRNDs are also a global concern. In addition, the report states that “the increased prevalence of vaccine-preventable diseases further underlines the need for a comprehensive approach towards poverty-related and neglected diseases.”

The main objective of the Horizon Programme for the period 2014-2020 is to bring its contribution to the achievement of a target of 3% of GDP spent on research and development, by providing an EU framework for funding of these areas and by ensuring sustainable economic, social and industrial growth.

The Horizon 2020 programme also focuses on the development of European technology and the promotion of more innovation policies, to better equip the EU to overcome the effects of the economic crisis which had serious negative effects on the levels of productivity and competitiveness of the Union’s industries.

The legislative text was adopted in the EP with a comfortable majority (533 to 29 votes), all seven groups voting in favour. However, almost half of the votes of the extreme-left were votes against, which came mostly from the countries most affected by the crisis and actions of the Troika. The MEPs voting against might have preferred more investment in job creation 14.

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The Council of Ministers also adopted the regulation in December 2013, therefore the procedure is now completed\(^\text{15}\).

**European and Developing Countries Clinical Trials Partnership**

*European and Developing Countries Clinical Trials Partnership Programme, April 2014 EP plenary session*

In April 2014, the EP adopted its position in first reading on a legislative resolution on the proposal of the Commission on the participation of the EU in a second European and Developing Countries Clinical Trials Partnership Programme (EDCTP2).

EDCTP2 aims to accelerate the clinical development of medical interventions for poverty-related diseases, in partnership with developing countries. While the EP welcomed the objectives of the programme, it came up with a series of amendments to the Commission’s proposal.

The EP amendments mostly targeted the EU’s financial contribution to the EDCTP2 (EUR 648.85 million, instead of 683 million, as proposed by the Commission), the scope of the programme (extending and changing the scope, for example by extending public-private partnerships or by increasing the transparency of the governing rules of the programme), activities of the programme (to include activities undertaken by public or private not-for-profit research). The MEPs called on the Commission to organise an interim evolution of the programme by June 2017.

The report passed with the support of all seven EP groups, by 646 votes in favour to 13 against and 12 abstentions\(^\text{16}\).

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3. Health and empowerment

Key votes

Annual Human Rights report

*Human rights in the world 2012 and European Union’s policy on the matter, December 2013 EP plenary session*

In December 2013, the EP adopted a resolution on the Annual Report on Human Rights in the World 2012. The MEPs called on the Commission and the Council to ensure that there is coherence between EU’s internal and external policies on the matter, and to take a common, well-coordinated and strict stance on the issue of human rights abuses in the World.

The resolution recalled that the main objectives of the EU Annual Report are the promotion of human rights, democracy, good governance and gender equality worldwide. The resolution also contained several paragraphs related to the protection of sexual and reproductive rights, which stirred some controversy.

A section of a paragraph calling for the protection of reproductive rights and the placing of policies related to these rights at the “heart of development cooperation with third countries” passed by 398 to 275 votes, most of the MEPs from the conservative right groups EPP and ECR voting against.17

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Breakdown of votes within the EPP Group:

However, the second part of the paragraph, which “strongly condemns the disgraceful practice of female genital mutilation in certain parts of Africa, honour killings, gender-based abortion and forced marriage” passed with a larger majority (458 to 215), most EPP MEPs opposing this provision as well (exceptions: the Danish, Swedish, Finish, French, Belgium, Austrian and Greek delegations)\(^\text{18}\).

Breakdown of votes within the EPP Group:

![Diagram of voting results within the EPP Group](image)

**EU global response to HIV/AIDS**

**EU global response to HIV/AIDS, December 2011 EP plenary session**

In December 2011, the EP adopted a non-binding resolution on the EU response to HIV/AIDS in the EU and neighbouring countries. According to the text, the number of HIV/AIDS cases in Europe have been steadily rising and many of those infected are not aware of their situation, thus spreading the virus easier than those that have been diagnosed. In this alarming context, the EP called on the Commission and the Member States to provide better access to prevention, testing, counselling and treatment. The MEPs also called for the development of regional approaches and country specific action plans in the Member States, to reach those most vulnerable and exposed to HIV/AIDS.

The resolution enjoyed the large support of the MEPs, being adopted by 454 votes in favour to 86 against. However, some paragraphs of the text managed to split the EP. For example, a provision calling for the inclusion of access to emergency contraception, safe and legal abortion and post-abortion care in a paragraph referring to access to sexual and reproductive health services and information, managed to pass with a slim majority, by 369 to 206 votes. The votes against came for the conservative right groups EPP and EFD, as well as almost half of the ECR groups.

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20 Paragraph 22/2 (text in bold): Calls on the Commission and Council to ensure access to high-quality, comprehensive sexual and reproductive health services, information and supplies; takes the view that this should cover, inter alia, confidential and voluntary counselling, testing and treatment for HIV and all sexually transmitted infections; prevention of unintended pregnancies; equitable and affordable access to contraceptives, including access to emergency contraception; safe and legal abortion, including post-abortion care; and care and treatment to prevent vertical transmission of HIV, including to partners and children;

Breakdown of votes within the EPP Group:

Sexual and reproductive health and rights

*Sexual and reproductive health and rights, Alternative motion for a resolution (by EPP, ECR), December 2013 EP plenary session*

One of the most controversial non-binding resolutions voted in the EP during its 7th term is a report on sexual and reproductive health and rights (SRHR), tabled by the Women’s Rights and Gender Equality Committee. The original report, which made the case for the youth and women’s right to information, choice and support on sexual and reproductive matters, as well as eased access to healthcare services for pregnant women or mothers, was sent back to the Committee in October, by the conservative right EPP, ECR and EFD, joined by a third of the ALDE MEPs (351 votes for to 319 against)²².

Breakdown of votes within the ALDE Group:

A slightly watered down resolution, omitting sections on access to fertility treatments, parts on surrogate motherhood or ‘trans-gender’, was put to vote in December 2013. However, the resolution was not softened enough for the conservative right (EPP, ECR and EFD).

A first counter-resolution, proposed by the EFD, was rejected by 548 votes in favour to 95 against and 48 abstentions. The negative votes came from the EPP, S&D, ALDE, Greens/EFA and GUE-NGL groups.23

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The EPP and the ECR also proposed an alternative resolution which stated that SRHR policies fall under the responsibility of individual Member States only. This counter-resolution was adopted by a narrow majority of MEPs (334 to 327), S&D, ALDE, the Greens/EFA and GUE-NGL strongly opposing it.24

The final vote endorsing the alternative resolution proposed by the EPP confirmed the EP’s position on SRHR for the 2009-2014 term and for the foreseeable future. It reflects a hardening of conservative attitudes towards SRHR within the EP in recent years, and in particular within the EPP group.

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Breakdown of votes within the EPP Group:

Breakdown of votes within the ECR Group:

Breakdown of votes within the EFD Group: