

IPPF EN's contribution to the EU Gender Equality Strategy beyond 2025

LIFT UP SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



Introduction

IPPF EN welcomes the European Commission's commitment to renew the EU Gender Equality Strategy for the next five years. The future Strategy must build on the achievements of the last five years, and operationalize the ambitious vision set out in the [Roadmap](#) and its [Annex](#). Together with civil society partners, [IPPF EN](#) has been [calling](#) for an ambitious new Gender Equality Strategy.

The post-2025 Gender Equality Strategy must continue to combine **concrete, targeted actions, with stronger mainstreaming** of gender equality across all EU policy areas.

As in the previous Strategy, adopting an **intersectional** approach as a 'cross-cutting principle' will remain essential. But the new Strategy must better acknowledge and adopt dedicated actions to respond to the **distinct needs of specific groups** of 'women and girls in all their diversity'. The Strategy should also work more proactively towards **dismantling intersecting systems of oppression** that create marginalisation.

Sexual and reproductive health and rights (SRHR) are fundamental to gender equality, enabling women and girls to make autonomous choices essential for full societal participation. The EU has both the duty and the legal competence to uphold SRHR as a core part of its Gender Equality Strategy.

Women's rights and SRHR are currently facing **unparalleled threats and challenges**. At this critical time, it is vital that the EU is unwavering in supporting SRHR and redoubles its commitment to advancing these rights across Member States. The EU must firmly condemn and address any roll backs or threats to SRHR.

The Strategy must receive the **highest level of political commitment** from Member States. Member States should work towards endorsing the Strategy through Council Conclusions, and must actively participate in its implementation, ideally by adopting national gender equality strategies.

IPPF EN 4 KEY RECOMMENDATIONS

- **Issue a European Commission Recommendation to Member States on SRHR**, in line with international human rights and public health standards ([WHO Abortion Care Guideline](#)). In the framework of the implementation of the Directive on combating violence against women and domestic violence, **provide guidance to Member States on the provision of sexual and reproductive healthcare services to victims of sexual violence**, in line with international standards ([WHO standards on clinical management of rape](#)). Organise exchanges of best practices between Member States and civil society organisations experts in this field.
- **Publish the European Commission Recommendation on Harmful Practices including actions to tackle all forms of obstetric and gynaecological violence**, abuse, mistreatment, neglect; including mistreatment during and denial of abortion care, forced and coercive sterilisation, intersex genital mutilation, and other forms. If not part of the Recommendation on Harmful Practices, **issue a standalone Recommendation on these topics**. Organise exchanges of best practices between Member States and civil society organisations experts in this field.
- **Issue a European Commission Recommendation to Member States on comprehensive sexuality education**, in line with international standards ([UNESCO Technical Guidance](#)). In the framework of the implementation of the Directive on combating violence against women and domestic violence, **provide guidance to Member States on the provision of sexuality education**, in line with Recital 74 and Article 35. Organise exchanges of best practices between Member States and civil society organisations experts in this field.
- **Maintain and strengthen the Citizens, Equality, Rights and Values Programme (CERV)** as a stand-alone Programme, under direct management by the European Commission, with an increased budget. Maintain the same wide thematic scope, including a distinct budget line dedicated to advancing gender equality and women's rights, including sexual and reproductive health and rights. Crucially, advocacy and watchdog activities must continue to be included in the list of eligible activities.

Specific actions

1. Sexual and reproductive health and rights

Sexual and reproductive health and rights (SRHR) are fundamental human rights and intrinsically linked to the achievement of gender equality. Ensuring access to SRHR enables women and girls to make autonomous decisions about their bodies, relationships, and futures – decisions that are essential for their full participation in education, employment, and public life. SRHR are human rights, intrinsically linked to women's right to life, to physical and mental integrity, health, private and family life, freedom of expression and information, equality and nondiscrimination, dignity, and freedom from cruel, inhumane or degrading treatment. Depriving women of access to sexual and reproductive healthcare services that they disproportionately need constitutes gender-based discrimination. Violations of SRHR, including the denial of abortion care, constitute forms of gender-based violence ([General recommendation n°35](#), paragraph 18). SRHR are also essential to health. As stated in Article 35 of the EU Charter of Fundamental Rights and Principle 16 of the European Pillar of Social Rights, everyone in the EU has the right to timely access to affordable, good quality, preventive and curative healthcare.

The EU has both the responsibility and the competence to act. Under the Treaties and the Charter of Fundamental Rights, the EU must promote human rights, gender equality, prevent gender-based violence, and improve public health. SRHR lie **at the intersection** of all of these obligations. SRHR therefore fall firmly within EU competences, and must be a core pillar of the next Gender Equality Strategy. Because SRHR are not solely a health issue though, measures to improve SRHR should be integrated **across multiple sections** of the Strategy.

The Gender Equality Strategy shall aim to advance the **full spectrum** of 'sexual and reproductive health and rights', and include measures to improve sexual health, sexual rights, reproductive health and reproductive rights. It is critical that the Gender Equality Strategy affirms and supports a comprehensive approach to SRHR and avoids a narrow or selective approach, such as focusing only on specific aspects of sexual and reproductive health to the detriment of others. Such an approach could significantly undermine and jeopardize SRHR as critical to any progress on women's rights and gender equality across the EU.

The Strategy should adopt a **reproductive justice** framework. Reproductive justice encompasses the right not to have children, but also the right to have children, and to raise them in safe, healthy environments. Achieving it requires comprehensive social, care, and environmental policies that support well-being and quality of life for all. The concept was coined by Black feminists in the US, and is closely linked with intersectionality, ensuring access to sexual and reproductive health and rights and justice for all, including the most marginalised populations.

Sexual and reproductive health and rights (SRHR) remain unevenly protected and implemented across the European Union, with stark disparities in access to services and persistent violations of women's bodily autonomy. **Abortion care** continues to be heavily restricted, criminalised, inaccessible – including due to refusals of care by medical professionals, or **unaffordable** due to lack of healthcare coverage in several Member States, forcing many women to travel abroad or resort to unsafe methods. The [IPPF EN/EPF European Abortion Policies Atlas](#) reveals alarming differences in national laws, policies, and access to care, showing that only a minority of EU countries ensure abortion is available on request with minimal barriers. **Fertility care** is often subject to discriminatory eligibility criteria based on marital status, sexual orientation or gender identity – e.g. female same-sex couples and single women continue to face restrictions in accessing assisted reproduction in many countries, as highlighted by the [European Atlas of Fertility Treatment Policies 2024](#); and unaffordable due to lack of healthcare coverage, limiting equal access.

Many **groups of women** continue to face systemic and disproportionate obstacles to accessing healthcare services, including sexual and reproductive healthcare. These include discriminatory laws and policies, discrimination, mistreatment or violence from healthcare providers, inadequate medical training, unaffordability due to lack of healthcare coverage. Particular attention should be paid to improving access to healthcare for LGBTIQ people, (undocumented) migrant and racialized women, women living with disabilities, sex workers, women with a lower socio-economic status.

EU institutions have increasingly been calling for strengthened EU measures on SRHR. The European Parliament adopted a landmark [report on SRHR](#) in 2021. [EIGE](#) called to ensure equal access to sexual and reproductive health services for all women and girls, particularly those affected by intersecting forms of discrimination (p.150). The Advisory Committee on Equal Opportunities for Women and Men, in its [Opinion on the next Gender Equality Strategy](#), affirms that SRHR are an inherent part of gender equality and fundamental rights of women and girls, and underlines the need for European institutions and Member States to ensure universal access to these rights, including the right to safe and legal abortion (p.7 and p.17).

THEREFORE, THE STRATEGY SHOULD INCLUDE THE FOLLOWING ACTIONS:

- **Issue a European Commission Recommendation to Member States on SRHR**, in line with international human rights and public health standards ([WHO Abortion Care Guideline](#)), and organise exchanges of best practices between Member States and civil society organisations experts in this field.
- Issue a European Commission Recommendation to Member States to improve access to **assisted reproduction technologies**, in line with international human rights standards and the recommendations of the [Coalition for Fertility](#).
- Include essential sexual and reproductive health medicines in the EU's **Critical Medicines List**, including abortion medication and contraception, HIV antiretroviral medicines, and hormones necessary for gender-affirming hormone therapy, in line with the [WHO Essential Medicines List](#), to avoid shortages. Ensure the removal of the exclusion for abortion medication and contraception from the scope of the revised EU's Directive on Medicinal Products for Human Use.
- Put forward a legislative proposal for the creation of a **cross-border solidarity mechanism to improve access to abortion care**, on the basis of the European Citizens' Initiative 'My Voice My Choice', which could be funded by the EU4Health Programme.
- Heed calls from the European Parliament to **enshrine the rights to abortion and bodily autonomy in the Charter** of Fundamental Rights of the EU, and SRHR in the Treaties.

- Improve the EU's **monitoring and collection of disaggregated data** on SRHR in the EU, to better identify and address progress and retrogression. Request the European Institute for Gender Equality to study the status of SRHR across the EU by including key indicators on SRHR in the Gender Equality Index. These indicators should also serve to measure progress by Member States in meeting the goals under the Sustainable Development Goals (3.7, 5.6). Add indicators on SRHR to the list of agreed EU indicators to track progress in the area C. Women and Health of the Beijing Platform for Action (EIGE highlights this notable gap, p.56).
- The Strategy should aim to **combat gender and intersecting inequalities in access to health-care**, including sexual and reproductive health. More specifically, the Strategy should aim to guarantee access to high quality, accessible, affordable, non-discriminatory healthcare, with a specific attention to marginalized and vulnerable groups of women, promote equal treatment and equity in healthcare, combat discrimination and violence in healthcare settings, raise awareness among and train healthcare professionals, and support community-based, peer-to-peer interventions and outreach services.
- **Mainstream SRHR in all relevant EU health and equality policy initiatives**, including through the Union of Equality Agenda. For instance, include actions to address the specific SRHR needs of LGBTIQ people in the LGBTIQ Strategy, and similarly in other Strategies. Monitor the implementation of the EU Roma strategic framework for equality, inclusion and participation and related [Council Recommendation](#), specifically commitment 9.(a)(i) to provide access to SRH for Roma women.
- **Dedicate funding to improve access to SRHR through all relevant EU funding instruments**. Continue to allocate funding to improve access to SRHR through the EU4Health Programme, to support Member States' actions, and fund civil society organisations who work in this field. Allocate funding to improve research on SRHR through Horizon Europe. Allocate funding to improve access for marginalized populations – Roma women, racialized women, women with disability, LGBTI women, sex workers, women with a lower socio-economic status, through the European Social Fund+; and for migrant women through the Asylum, Migration, Integration Fund (AMIF).

2. Combating sexual and gender-based violence (SGBV)

IMPROVING LEGISLATION AND IMPLEMENTATION TO COMBAT SEXUAL AND GENDER-BASED VIOLENCE

Sexual and gender-based violence (SGBV) remains prevalent in the EU, as shown by the key results of the latest [EIGE / FRA / Eurostat survey](#): 1 in 3 women in the EU have experienced physical violence, sexual violence, or threats in their adulthood, 1 in 6 have experienced sexual violence, including rape, in their adulthood. **Sexual violence** remains a pervasive violation of human rights and a major barrier to achieving gender equality across the EU. A critical step toward combating sexual violence is the adoption of a [consent-based definition of rape](#) recognizing that sex without explicit, voluntary, and informed consent constitutes a crime. Yet, many EU governments continue to [fall short](#) in aligning their legal frameworks with the Istanbul Convention.

Gender-based hate crimes, hate speech, and femicides – the ‘killing of a woman or girl because of her gender’ (EIGE), and the most extreme form of gender-based violence, are also widespread across the EU and must be urgently addressed through robust definitions, prevention, protection, and prosecution measures. The lack of a harmonized definition of femicide obscures its prevalence (EIGE, p.69), and the definition should go beyond a narrow interpersonal approach to include institutional forms of femicide.

Moreover, **specific groups of women** are at heightened risk of sexual and gender-based violence or have specific needs that must be addressed through targeted and inclusive implementation measures.

THE STRATEGY SHOULD INCLUDE THE FOLLOWING ACTIONS:

- Revisit the Directive on combating violence against women and domestic violence in order to update it, in line with the review obligation under Article 45(2) of the Directive, and consider introducing a **consent-based definition of rape** and sexual violence in the Directive – as recommended notably by the [Advisory Committee](#).

- Encourage Member States to adopt national consent-based legislation on rape, in line with the Istanbul Convention.
- Continue to work with Member States to unblock the European Commission’s proposal to include all forms of **hate crimes and hate speech** in Article 83 TFEU on Eurocrimes. Consider adding gender-based violence to Article 83 TFEU, and take steps towards adopting a unified definition of **femicide** as a distinct offence ([EIGE](#), p.151), and measures to prevent and combat all forms of femicide.
- In the transposition and implementation phase of the EU Directive on combating violence against women and domestic violence, the revised Victims’ Rights Directive, and in any future policy initiatives on gender-based violence, **provide guidance to Member States** to ensure that they address the **specific vulnerabilities** of LGBTIQ people and LBTI women, undocumented migrant women or women with dependent or precarious residence status, women with disabilities, sex workers and other groups at heightened risk. Guarantee the **meaningful inclusion of community-led civil society organisations** in EU decision-making and implementation processes on combating SGBV.
- **Establish safeguards to protect the rights of women who are undocumented**, or have dependent or precarious residence status – such as **‘firewalls’** separating immigration enforcement activities from public services provision, so that they are able to access healthcare and support services, safely report violence and abuse, and access justice, without fear of deportation. Reject harmful measures such as **‘reporting obligations’**. Refrain from adopting measures that would increase their vulnerability, such as the introduction of ‘detection measures’ in the revision of the EU Return Directive. Ensure that any upcoming EU legislative or policy initiatives comply with strict data protection safeguards, in line with article 8 of the Charter of Fundamental Rights as well as with the General Data Protection Regulation and the Law Enforcement Directive.

COMBATING OBSTETRIC AND GYNECOLOGICAL VIOLENCE

The Strategy should recognize and combat violations of women's SRHR as forms of sexual and gender-based violence.

Obstetric and gynecological violence refers to a wide range of abuses experienced by women and gender-diverse people during obstetric and gynaecological care. This includes psychological, physical and sexual abuse, coercion, non-consensual medical procedures including forced sterilisation, unnecessary medical procedures including certain labour inductions and caesarean sections, dehumanizing treatment, neglect, and refusal or delay of care; and this, throughout the sexual and reproductive lifecycle: during gynecological consultations, when seeking contraception or abortion care, during antenatal, childbirth and postnatal care (see a similar definition proposed by [EIGE](#), p.65). Importantly, abortion is a fundamental component of obstetric care. Any initiative by the European Commission concerning obstetric and gynecological services must include provisions for abortion care.

These practices are widespread yet underreported and deeply rooted in structural inequalities and discriminatory norms within healthcare systems, where hierarchical power relations, gendered assumptions, and discriminatory practices converge to undermine patients' dignity, autonomy, and rights. While obstetric and gynecological violence can affect all women, it disproportionately impacts those facing intersecting forms of discrimination. **Roma women** have historically been subjected to **forced sterilization and segregation** in maternity wards. **Transgender people** continue to face **coerced sterilization** in some countries as a condition for legal gender recognition (TGEU). **Intersex people** are still routinely subjected to medically unnecessary surgeries in infancy, a practice known as **intersex genital mutilation**, which violates their human rights (OH). LGBTIQ people more broadly face widespread discrimination in SRH services, including denial of care, misgendering, forced disclosure of identity, and pathologization of their bodies and identities. **Racialized and ethnic minority women** frequently report higher levels of neglect and verbal abuse, with their pain often dismissed or their reproductive decisions questioned. Moreover, **women with disabilities** frequently experience violations of their reproductive autonomy, sometimes under the guise of protection or guardianship. **Migrant and undocumented women** face multiple barriers to accessing care, including legal insecurity, language barriers, and fear of mistreatment or deportation. Tackling obstetric and gynecological violence requires an urgent, intersectional, and rights-based

response that acknowledges and addresses the systemic roots of this violence, ensures accountability, and centers the experiences of those most affected.

EU institutions have recently carried out comprehensive studies on obstetric and gynecological violence, recognizing it as a serious yet under-addressed form of gender-based violence in healthcare. See the European Commission [SAAGE study](#) and related [case studies](#) (Scientific Advice for Gender Equality), and the European Parliament [FEMM Committee's study](#). The [European Parliament](#), [EIGE](#) (p.150) and the [Advisory Committee](#) (p.7) all recently recommended to better address this form of violence.

THE STRATEGY SHOULD INCLUDE THE FOLLOWING ACTIONS:

- **Publish the European Commission Recommendation on Harmful Practices including actions to tackle all forms of obstetric and gynaecological violence**, abuse, mistreatment, neglect; including mistreatment during and denial of abortion care, forced and coercive sterilisation, intersex genital mutilation, and other forms. If not part of the Recommendation on Harmful Practices, **issue a standalone Recommendation on these topics**. Organise exchanges of best practices between Member States and civil society organisations experts in this field. The Recommendation should aim to propose a harmonised definition, and recommend policies and protocols to prevent and address such violence, notably by raising awareness of women of their rights, training healthcare professionals, establishing independent reporting and accountability mechanisms, improving access to redress and justice, and improving the collection of standardised and disaggregated data.
- Guarantee the full implementation of the **Race Equality Directive** in all Member States, including through infringement proceedings, where Roma women face severe forms of discrimination in reproductive healthcare settings.

ACCESS TO SEXUAL AND REPRODUCTIVE HEALTHCARE FOR VICTIMS OF SEXUAL VIOLENCE

The Directive on combating violence against women and domestic violence makes clear that Member States have an obligation to ensure the clinical management of rape, and provide sexual and reproductive healthcare services for victims of sexual violence, in accordance with national law (Article 26). Combined with Article 25, the Directive provides that these services must be free of charge, accessible every day of the week, with sufficient geographical distribution and capacity, sufficient human and financial resources, and fully operational in times of crisis.

THE STRATEGY SHOULD INCLUDE THE FOLLOWING ACTIONS:

- In the framework of the implementation of the Directive on combating violence against women and domestic violence, **provide guidance to Member States on the provision of sexual and reproductive healthcare services to victims of sexual violence**, in line with international standards ([WHO standards on clinical management of rape](#)), and organise exchanges of best practices between Member States and civil society organisations experts in this field.
- Ensure the inclusion of access to sexual and reproductive healthcare services for child victims of sexual abuse in the recast **Directive on combating the sexual abuse and sexual exploitation of children and child sexual abuse material**; and for victims of sexual violence in the revised **Victims' Rights Directive**.



© Anina Takeff for IPPF x Fine Acts

3. Comprehensive sexuality education

Comprehensive sexuality and relationships education, which includes education on consent, bodily autonomy, challenges harmful gender norms and expectations, and examines power imbalances and dynamics in relationships, is a crucial measure to prevent sexual and gender-based violence (SGBV), particularly in sexual and intimate relationships. According to studies from [IPPF EN / BZgA](#) and the [European Parliament](#) notably, sexuality education is still far from accessible in all EU Member States, is not always mandatory, nor is it comprehensive enough. Comprehensive sexuality education (CSE) is a universally recognized framework, which address a wide range of topics related to sexuality and relationships, including gender norms which are [at the root of SGBV](#). Harmful gender stereotypes perpetuate inequalities, for example when societies expect young men to suppress their emotions and demonstrate strength and dominance, whilst young women are encouraged to be polite and accommodating to others, even in situations where they feel uncomfortable.

CSE is one of the most effective ways to prevent SGBV, as it addresses patriarchal norms and misogynistic values and behaviours, that are prevalent and on the rise among young men and boys. Toxic masculinity [harms men and boys'](#) own well-being and capacity to form fulfilling happy relationships, leading to loneliness and negative mental and physical [health outcomes](#). It also leads to violent beliefs and attitudes towards women. More broadly, young men's commitment to gender equality seems to be waning, creating challenges to achieving progress (more on this in the section below).

[Outcomes of CSE](#) include more gender-equitable attitudes, more respectful attitudes towards gender diversity, increased knowledge, understanding and critical thinking of gender, gender roles and gender norms, improved communication skills related to relationships and equality, increased capability to develop their own gender identity and sexual identity, and more gender-equitable relationships.

Article 35 of the Directive on combating violence against women and domestic violence provides that Member States shall take specific measures to prevent rape, by addressing ‘the central role of consent in sexual relationships’, ‘promote the understanding that consent must be given voluntarily as a result of a person’s free will, mutual respect, and the right to sexual integrity and bodily autonomy’, and ‘increase knowledge of the fact that non-consensual sex is considered a criminal offence’. Recital 74 mentions ‘strengthening sexuality education’ ‘in formal education’ as one of the preventive measures needed to counter sexual and gender-based violence. Article 35 shall be interpreted in light of Recital 74, meaning that as part of the measures Member States shall take to prevent rape and promote consent, they shall strengthen the provision of sexuality education including in formal education to prevent sexual and gender-based violence.

THE STRATEGY SHOULD INCLUDE THE FOLLOWING ACTIONS:

- **Issue a European Commission Recommendation to Member States on comprehensive sexuality education**, in line with international standards ([UNESCO Technical Guidance](#)), and organise exchanges of best practices between Member States and civil society organisations experts in this field.
- In the framework of the implementation of the Directive on combating violence against women and domestic violence, **provide guidance to Member States on the provision of sexuality education**, in line with Recital 74 and Article 35, engaging with civil society organisations experts in this field.
- Ensure the inclusion of sexuality education as a prevention measure in the recast **Directive on combating sexual abuse and sexual exploitation of children and child sexual abuse material**.

4. Countering gendered disinformation

Gendered disinformation, which lies at the intersection of [disinformation and gender](#), is widespread and a growing concern.

Gendered disinformation has a number of harmful consequences, from the individual to the societal level. It **disproportionately targets women and sexual and gender minorities** through the spread of deceptive or inaccurate content about them or their rights. Women who face intersecting forms of oppression, and/or who are active in public life, such as politicians, journalists, and women human rights defenders (WHRDs) are particularly at risk. It undermines participation in public life and fosters self-censorship. It incites discrimination, hostility or violence against women – both online **sexual and gender-based violence** (such as deepfakes, revenge porn, cyber harassment etc.), and in person violence – as evidenced by incel-inspired [terrorist](#) attacks.

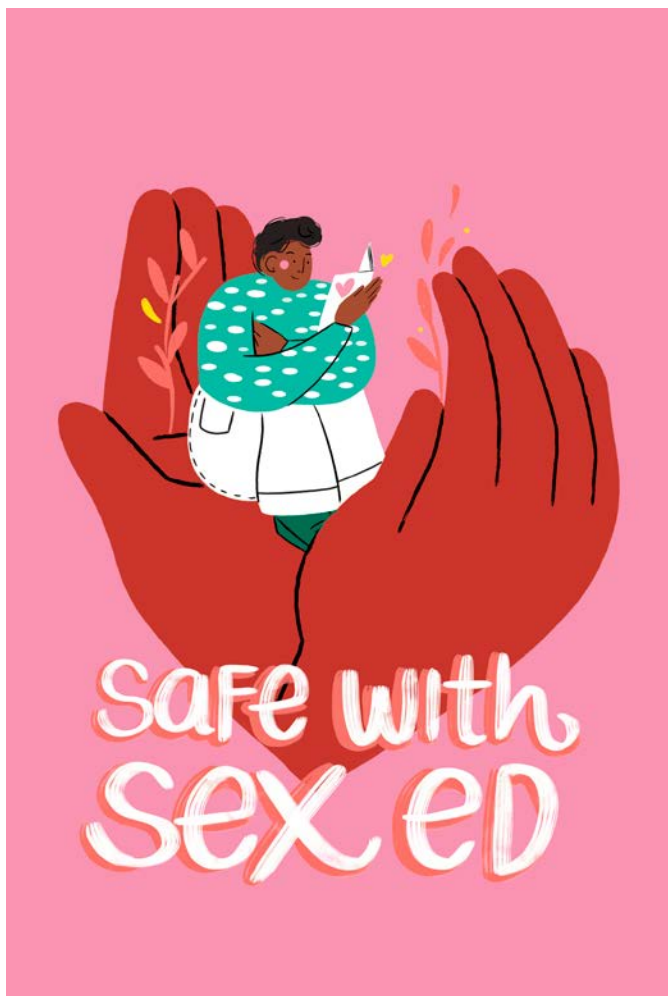
At the societal level, gendered disinformation scapegoats women and LGBTIQ people, deepens polarization, and **erodes public support for gender equality**. It often coalesces around issues related to gender, gender identity and trans rights, as well as comprehensive sexuality education and abortion – more broadly, weaponizing narratives to discredit feminism and the struggle for equality. Ultimately, this risks a **rollback of hard-won gains in these areas**.

Gendered disinformation and misogynistic narratives are actively propagated by masculinist or so-called ‘men’s rights’ movements, aiming to influence young men and boys. These messages promote a harmful model of toxic masculinity, particularly through online spaces such as the ‘manosphere’ – which includes influencers like Andrew Tate and incel communities. By exploiting the frustrations and insecurities of young men, these narratives fuel resentment, misogyny, and resistance to gender equality.

Alarmingly, young men’s commitment to gender equality seems to be waning. [Research](#) including nine EU countries suggests that millennials and Gen Z are less supportive of gender equality than older generations. Young men across the EU increasingly feel [threatened](#) by advances in women’s rights. Diverging views on gender equality and feminism between young men and young women create challenges to achieving progress on gender equality (see studies in the [UK](#) and [France](#)). Anti-feminist narratives intensify polarization and create divisions between young men and young women

Beyond gender equality issues, gendered disinformation and masculinist narratives encourage alignment with authoritarian and extremist values. Young men represent a significant share of the far-right electorate (as demonstrated in [Belgian Flanders](#) for instance). A widening [global gender political divide](#) is emerging. **The democratic backslide is gendered.**

To effectively address these challenges, **targeted actions to counter gendered disinformation and masculinist narratives** must be integrated into the Gender Equality Strategy, in connection with broader efforts to defend democracy.



© Angela Chamorro Acosta for IPPF x Fine Acts

THE STRATEGY SHOULD INCLUDE THE FOLLOWING ACTIONS:

- **Counter disinformation regarding gender equality and women's rights** through EU efforts to protect democracies, such as the upcoming European Democracy Shield – as recommended by [EIGE](#) (p.153). **Integrate a gender perspective in the upcoming Democracy Shield**, and include actions to **monitor, research and combat gendered and anti-LGBTIQ disinformation**.
- Adopt a **multistakeholder approach** encompassing governments, international organisations, media, online platforms, fact checking organisations and academic research, and gender equality, SRHR and LGBTIQ+ civil society organisations ([EEAS, 2023](#)). **Supporting and engaging with CSOs** is particularly crucial to identify best practices, strengthen resilience, including through educational programmes and the development of counter-narratives.
- **Counter rising misogynistic and anti-democratic ideologies among young men and boys by promoting gender equality education in schools**, including comprehensive sexuality education, challenging gender stereotypes, addressing disinformation and strengthening critical thinking and media literacy (see [EIGE's](#) recommendation p.152). Programmes engaging men and boys should take a feminist and gender-transformative lens, and aim to deconstruct toxic masculinity. Resources should not be redirected away from programmes for women and girls.

5. Tackling anti-gender movements & risks of SRHR retrogression

Gender equality and sexual and reproductive health and rights (SRHR) are among the first issues targeted by authoritarian and ultraconservative forces. Across the EU, there is a well-funded and coordinated backlash, with significant support from actors within and beyond Europe. The recent European Parliamentary Forum (EPF) on Sexual and Reproductive Rights' Report, [The Next Wave](#), identified USD 1.18 billion in anti-gender funding between 2019 and 2023; whilst EPF's previous report (2021), [Tip of the Iceberg](#), identified over USD 707 million in funding to anti-gender organisations over the 2009–2018 period, from sources in Europe, Russia, and the US.

Given the backlash on women's rights, SRHR, and gender equality, which will predictably increase as more ultraconservative parties come to power within the EU and beyond, the EU needs to take a principled and firm approach to counter the anti-gender and anti-rights opposition, including coming from within the EU.



© Barbora Keherova for Fine Acts

THE STRATEGY SHOULD INCLUDE THE FOLLOWING ACTIONS:

- Combating retrogression requires **strong political will, leadership** and prioritisation of gender equality and SRHR at the highest levels. As stated in the Roadmap, Rollback on the progress we have achieved over the past 30 years is not acceptable. The Commission must **firmly oppose** any action or proposal that seeks to undermine the existing international commitments and standards.
- A dedicated **monitoring and accountability mechanism** must be established, to swiftly address or condemn any retrogressive developments or threats thereof in Member States – noting that the existing [Annual Reports on Gender Equality](#) do not sufficiently address threats or challenges and are not designed to hold Member States accountable. At the very least, the scope of the existing Rule of Law Toolbox (Annual Reports and Dialogues in the Council) and Annual Reports on Fundamental Rights should be expanded to integrate a gender perspective, and tackle women's rights, SRHR and gender equality. Ideally, a dedicated mechanism should be established.
- **Conditionality mechanism:** Ensure full fundamental rights compliance of all EU funding programmes. Apply conditionality to all EU funding programmes, based on respect for the EU Charter of Fundamental Rights. Funding to Member States should be blocked in cases of non-compliance with fundamental rights, including SRHR. EU funding should not benefit actors or initiatives that violate women's fundamental rights, including SRHR.

6. Civic space

A strong women's rights movement is key to counter the backlash and anti-gender/anti-rights retrogression, to increase public and political support for gender equality, and to ensure continued and full implementation of EU legislation and policies on gender equality including the Strategy.

As civic space is shrinking and ultra-conservative forces come into power, women human rights defenders (WHRDs), SRHR defenders, and their civil society organisations (CSOs) face increased targeted attacks and need increased support. They are amongst the most targeted by threats and attacks, as highlighted by FRA's 2023 [civic space update](#). Women's rights CSOs and WHRDs report being increasingly subject to hostile environments, with intimidation, criminalisation and legal harassment including SLAPPs, smear campaigns and disinformation against their work, threats and attacks online and offline, as well as difficulties to access funding or facing funding cuts. WHRDs are particularly at risk of sexual and gender-based violence. [SRHR defenders](#) face specific attacks, as reported by [Amnesty International](#) – such as harassment in front of clinics and criminalisation.

Many European CSOs, particularly those working on gender equality, women's rights, LGBTIQ rights, and marginalised communities, are facing severe financial strain, in part due to increasing pressure on international funding – including the reintroduction of the Global Gag Rule, cuts to US-based funding streams such as USAID and US funding to UN agencies, and cuts in funding coming from EU Member States' governments budgets. Worryingly, a shift in focus towards EU's economic interests and defence is threatening funding for EU values and civil society. On the other hand, ultraconservative and anti-rights actors are getting increased funding.

These trends can negatively impact the implementation of the EU Gender Equality Strategy.

In 2022-2023, all three EU institutions acknowledged for the first time civic space pressures in the EU and affirmed the need to improve civic space protection ([European Parliament](#), [European Commission](#) and [Council Conclusions](#)). [EIGE](#) recently called to ensure that the successor to CERV provides increased EU funding for gender equality organisations (p.154).

THE STRATEGY SHOULD INCLUDE THE FOLLOWING ACTIONS:

- **Integrate a gender perspective throughout the upcoming EU Civil Society Strategy and all its pillars.** Include actions to safeguard an enabling civic space for women's rights and SRHR CSOs and WHRDs, in connection with the upcoming EU Civil Society Strategy.
- **Protection:** Include actions to protect WHRDs and SRHR defenders and CSOs from attacks, including a monitoring, early warning, reporting, rapid response system. A [Protection Mechanism for HRDs in the EU](#) should be established, and should be gender-sensitive to address the specific risks faced by SRHR and WHRDs.
- **Engagement:**
 - Establish institutional mechanisms to systematically and meaningfully consult women's rights and intersectional CSOs in EU decision-making and implementation processes.
 - Refrain from adopting any measures or practices that limit advocacy activities by CSOs.
- **Support:**
 - Continue to provide financial support to CSOs working to advance gender equality, women's rights including SRHR, at European and national level.
 - **Maintain and strengthen the Citizens, Equality, Rights and Values Programme (CERV)** as a stand-alone Programme, under direct management by the European Commission, with an increased budget. Maintain the same wide thematic scope, including a distinct budget line dedicated to advancing gender equality and women's rights, including sexual and reproductive health and rights. Crucially, advocacy and watchdog activities must continue to be included in the list of eligible activities.
 - Refrain from adopting any measures that may limit CSOs' freedom to access funding (e.g. the Directive on interest representation services on behalf of third countries risks stigmatizing recipients of funding from non-EU countries and imposing excessive registration requirements, due to its vague scope and ambiguous criteria of application).

7. Gender equality in EU external action

The current Gender Equality Strategy has a section on external action, essentially composed of a commitment to the Gender Action Plan III. We recommend that the new Gender Equality Strategy adopts the same approach with **a specific section on EU external action highlighting the EU commitment to continue implementing GAP III to its fullest until 2027 and to adopt and implement a Gender Action Plan IV post-2027.**

GAP III has an enormous potential to achieve gender equality. When present, EU high-level leadership on gender equality and active collaboration with local women's and feminist movements have been seen as really moving the needle on gender equality, including at partner country level. We consider GAP III as an excellent tool to achieve gender equality and we recommend that **GAP IV continues on this solid basis, while focusing even more on implementation, collaborating even more with local feminist movements and women's rights organisations, and embracing feminist principles explicitly.** On this matter and based on [CONCORD's paper on 10 feminist principles](#), we believe that the Gender Equality Strategy and a future GAP IV must continue to be based on the principles of an **intersectional, gender-transformative and human rights-based approach, while being more explicitly a tool to pursue systemic change, correct power imbalances and counter colonial continuities.**

THE STRATEGY SHOULD INCLUDE THE FOLLOWING ACTIONS:

- **Include a specific section on EU external action highlighting the EU commitment to continue implementing GAP III to its fullest until 2027 and to adopt and implement a Gender Action Plan IV post-2027**
- **Reaffirm commitment to universal principles and international treaties** (ICPD, Beijing and outcomes of review conferences, SDGs)
- **Ensure coherence between internal and external policies that have an impact on gender equality**, including climate policies, economic policies, etc. (European Consensus on Development, paragraph 34).

- Specifically for the enlargement policy, **establish robust indicators on sexual and reproductive health and rights** in line with international human rights obligations and standards for assessing candidate countries' adherence to the Copenhagen criteria.
- Reaffirm that the GAP applies to **all external policies, including non-human development policies**, such as economic, climate, security, and migration policies.
- Reaffirm the need to **dedicate internal resources to the GAP implementation, including through dedicated staff** (Gender Focal Points in each EU Delegations) and training for all levels, including high management level.

FUNDING: WE CALL ON THE EUROPEAN COMMISSION TO ENSURE THAT THE NEXT INTERNATIONAL COOPERATION INSTRUMENT (GLOBAL EUROPE) AND GAP IV CONTINUE TO PRIORITISE FUNDING FOR GENDER EQUALITY, ESPECIALLY THROUGH:

- A renewed commitment to the OECD gender markers and strengthened benchmarks for gender equality by changing their measurement from number of actions to level of ODA: **85% of all EU ODA should therefore be dedicated to programmes that have gender equality as one of their objectives (OECD marker G1) and 20% of ODA should be dedicated to gender-targeted projects (OECD marker 2).** This shift would ensure a stronger, more impactful commitment to advancing gender equality through focused and adequately resourced initiatives.
- **A dedicated target of at least 5% of ODA to support Women's Rights Organisations (WROs).** Local WROs and feminist movements are critical actors to change harmful gender and social norms, protect rights and uphold democracy, achieve gender equality and sustainable development. Yet they remain critically underfunded with less than 1% of ODA globally being directed to them.

Horizontal recommendations

Gender-transformative and intersectional feminist policy-making:

- The EU must move **beyond a narrow focus on individual identities to address the structural systems of oppression (Equinox)** – such as patriarchy, racism, ableism, capitalism, nationalism, and neo-colonialism – that shape inequality. Intersectionality involves critically examining how identities are constructed and marginalised, through systemic and historical discrimination. Applying intersectionality also requires a critical engagement with forms of oppression perpetuated by states and institutions. The definition of gender equality should thus be expanded beyond binary and individual identities, embracing a broader, more inclusive vision of justice.
- The EU should **adopt gender-transformative and intersectional feminist approaches to policy-making (CONCORD)**, that go beyond superficial gender mainstreaming, to tackle the root causes of inequality and structural discrimination. This means actively redistributing power and resources, challenging patriarchal systems, and ensuring the meaningful participation of marginalized groups in decision-making. Policies must centre empathy, inclusivity, and cooperation to mitigate the effects of gender inequality and drive sustainable systemic change.

Intersectionality:

- **Intersectionality** should remain a **cross-cutting principle** throughout the Strategy. The Strategy should maintain the **inclusive language** from the current Strategy of women and men ‘in all their diversity’, specifying that women and men ‘are heterogeneous categories including in relation to their sex, gender identity, gender expression or sex characteristics’. This language ‘affirms the commitment to leave no one behind and achieve a gender equal Europe for everyone, regardless of their sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation.’ The EU LGBTIQ Equality Strategy uses the terminology ‘sexual orientation, gender identity, gender expression and sex characteristics’ to describe the grounds of discrimination faced by LGBTIQ people.

- Actions implemented under the Strategy must take account of and respond to the specific needs of marginalised groups. The future Strategy must better acknowledge the diversity of experiences amongst women. It should be more explicit in clearly naming distinct vulnerabilities, and therefore identifying **specific tailored actions** needed, to address the diversity of needs of women and truly tackle intersectional discrimination. Particular attention should be paid to women and girls in all their diversity facing intersecting forms of discrimination and marginalization, including LGBTI women, (undocumented) migrant and racialized women, women living with disabilities, sex workers, women with a lower socio-economic status, and others.



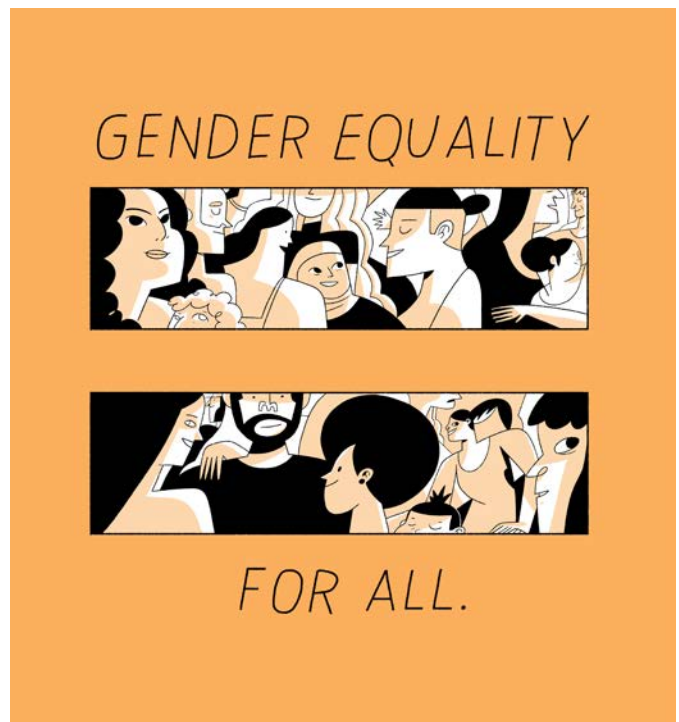
© Sakina Saïdi for Fine Acts

Gender mainstreaming:

- The Strategy should aim to **improve the mainstreaming** of gender equality and SRHR across all EU policy areas – from the Union of Equality Agenda: the EU LGBTIQ Equality Strategy, the EU Strategy on the Rights of the Child, the EU Youth Strategy, the EU Strategy for the Rights of Persons with Disabilities, the EU Anti-Racism Action Plan, the EU Roma Strategic Framework for Equality, inclusion, and participation, the Action plan on integration and inclusion, the Gender Action Plan III, etc.; to all other EU policy areas, including fundamental rights, democracy, civic space, disinformation, health, care, victims' rights, social rights and inclusion and combating poverty, education, climate, digital policy, migration, foreign policy and international cooperation.
- **Institutional mechanisms** should be strengthened to improve gender mainstreaming. Key actions include to: Maintain the Task Force on Equality, with a strengthened mandate regarding gender mainstreaming, and ensure it works more transparently and in close cooperation with civil society organisations. Continue to arrange exchanges on gender mainstreaming and gender equality, for example through the Mutual Learning Programme, to share lessons learned, good practices, and upscale these. Ensure concrete commitments towards implementation of the Gender Equality Strategy by Member States, call on Member States to draft their own national strategies for gender equality. Call on the Council to establish a Council configuration dedicated to gender equality and gender mainstreaming. Improve the transparency of the High-Level Group on Gender Mainstreaming, and its collaboration with various gender equality civil society organisations.

Gender budgeting:

- Policy without funding is ineffective. The next Gender Equality Strategy should be linked to the budgetary instruments and financial allocations of the new Multiannual Financial Framework, proposed in July by the European Commission. Gender budgeting throughout the MFF, and targeted budget lines for gender equality and/or SRHR in specific Programmes will be key for the implementation of the Strategy (see above, in particular in the future Citizens, Equality, Rights and Values Programme (CERV), EU4Health Programme, and Neighbourhood, Development, International Cooperation Instrument (NDICI)).



© David Espinosa for IPPF x Fine Acts



Co-funded by
the European Union

This work is funded by the European Union through the Citizens, Equality, Rights and Values Programme. Views and opinions expressed do not necessarily reflect those of the European Union or European Education and Culture Executive Agency. Neither the European Union nor the granting authority can be held responsible for them.



55, Rue Royale 1000 Brussels
Belgium

www.europe.ippf.org
Tel : +32 (0)2 250 0950
Email : eninfo@ippf.org

Connect With Us



The International Planned Parenthood Federation (IPPF) is a global healthcare provider and a leading advocate of sexual and reproductive health and rights (SRHR) for all. IPPF European Network is one of IPPF's six regional networks. IPPF EN works with its members and partners in 37 countries across Europe and Central Asia. IPPF EN cares for all people, especially the most socially excluded, and recognises their right to lead free and safe sexual and reproductive lives, free from harm and discrimination.