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Access to safe and legal abortion in Europe

Report
Committee on Equal Opportunities for Women and Men
Rapporteur: Ms Gisela WURM, Austria, Socialist Group

Summary

Abortion is legal in the vast majority of the Council of Europe member states. The Committee on Equal Opportunities for Women and Men considers that a ban on abortions does not result in fewer abortions, but mainly leads to clandestine abortions, which are more traumatic and more dangerous. By the same token, the committee notes that in many of the states where abortion is legal, numerous conditions are imposed that restrict the effective access to safe abortion.

The Parliamentary Assembly should therefore invite the member states of the Council of Europe to:

– decriminalise abortion, if they have not already done so;

– guarantee women's effective exercise of their right to abortion and lift restrictions which hinder, *de jure* or de facto, access to safe abortion;

– adopt appropriate sexual and reproductive health strategies, including access of women and men to contraception at a reasonable cost and of a suitable nature for them as well as compulsory relationships and sex education for young people.

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A. Draft resolution

1. The Parliamentary Assembly reaffirms that abortion can in no circumstances be regarded as a family planning method. Abortion must, as far as possible, be avoided. All possible means compatible with women's rights must be used to reduce the number of both unwanted pregnancies and abortions.

2. Although abortion is legal in the vast majority of the Council of Europe member states, the Assembly is concerned that, in many of these states, numerous conditions are imposed and restrict the effective access to safe abortion. These restrictions have discriminatory effects, since women who are well-informed and possess adequate financial means can often obtain legal and safe abortions more easily.

3. The Assembly also notes that, in member states where abortion is legal, conditions are not always such as to guarantee women effective access to this right: the lack of local health care facilities, the lack of doctors willing to carry out abortions, the repeated medical consultations required, the time allowed for changing one's mind and the waiting time for the abortion all have the potential to make access to abortion more difficult, or even impossible in practice.

4. The Assembly takes the view that abortion should not be banned. A ban on abortions does not result in fewer abortions, but mainly leads to clandestine abortions, which are more traumatic and more dangerous. The lawfulness of abortion does not have an effect on a woman's need for an abortion, but only on her access to a safe abortion.

5. At the same time, the Assembly is convinced that appropriate sexual and reproductive health strategies, including compulsory relationships and sex education for young people, contribute to less recourse to abortion.

6. The Assembly affirms the right of all human beings, women included, to respect for their physical integrity and to freedom to control their own bodies. In this context, the ultimate decision on whether or not to have an abortion should be a matter for the woman concerned, and she should have the means of exercising this right in an effective way.

7. The Parliamentary Assembly invites the member states of the Council of Europe to:

7.1. decriminalise abortion, if they have not already done so;

7.2. guarantee women's effective exercise of their right to abortion;

7.3. allow women freedom of choice and offer the conditions of a free and enlightened choice;

7.4. lift restrictions which hinder, *de jure* or de facto, access to safe abortion, and in particular take the necessary steps to create the appropriate conditions for health, medical and psychological care and offer suitable financial cover;

7.5. adopt appropriate sexual and reproductive health strategies based on sound and reliable data, ensuring continued improvements and expansion of contraceptive service provision by increased investments from the national budgets into improving health systems, reproductive health supplies and information provision;

7.6. ensure that women and men have access to contraception at a reasonable cost, of a suitable nature for them, and chosen by them;

7.7. introduce compulsory relationships and sex education for young people (*inter alia*, in schools), so as to avoid as many unwanted pregnancies (and therefore abortions) as possible.

7.8. promote a more pro-family attitude in public information campaigns.

B. Explanatory memorandum, by Mrs Gisela Wurm

1. Introduction

1. In January 2006, our colleague and Chairperson of the Sub-Committee on Violence against Women, Ms Carina Hägg (Sweden, SOC), tabled a motion for a resolution on "Abortion and its impact on women and girls in Europe" (Doc. 10802). I was appointed rapporteur for report on 9 March 2006; the Social, Health and Family Affairs Committee was seized for opinion.

2. In February 2007, the committee decided to change the title of the report to "Access to safe and legal abortion in Europe", and held a hearing on the issue. The minutes of the hearing have been declassified and are available from the secretariat (AS/Ega(2007)PV 3 addendum). A wide range of experts took part in the hearing, representing different views on abortion: the International Planned Parenthood Federation (IPPF), the Inter-European Parliamentary Forum on Population and Development (IEPFPD), the International Federation of Professional Abortion and Contraception Associates, "Aktion Lebensrecht für Alle" (Germany), the Swedish Association for Sexuality Education (RFSU), "Abortion Rights" (United Kingdom) and a former judge at the European Court of Human Rights.

3. In this explanatory memorandum, I intend first to summarise the Assembly's present position on abortion and give an overview of the current situation in Europe before dealing with the moral arguments and presenting the conclusions and draft resolutions on access to safe abortion. The committee agreed to adopt a report on the subject during its meeting in Paris on 11 March 2008 with a view to presenting it to the Assembly at the April 2008 part-session for debate. The committee was moreover invited to discuss the proposals contained in the draft report at its meetings of 7 September 2007 and 22 January 2008.

2. The Assembly's position on abortion

4. To my knowledge, the Assembly has never adopted a resolution or a recommendation on abortion as such. In 1993, the Finnish Social Democrat Tarja Halonen (now her country's President) presented a report on "equality between women and men: the right to free choice of maternity" on behalf of the Social, Health and Family Affairs Committee, but the draft recommendation she proposed was rejected by the Assembly in a roll call vote.[1] That does not, however, mean that the Assembly has no position on abortion: it has adopted a number of resolutions and recommendations which touch on the subject, such as:

– Resolution 1399 (2004) and Recommendation 1675 (2004) on a European strategy for the promotion of sexual and reproductive health and rights;

– Resolution 1394 (2004) on the involvement of men, especially young men, in reproductive health;

– Resolution 1347 (2003) on the impact of the "Mexico City Policy" on the free choice of contraception in Europe;

– Recommendation 675 (1972) on birth control and family planning in Council of Europe member states.

5. The Assembly's position on abortion, as adopted so far, can be summarised as follows: "In no case should abortion be promoted as a method of family planning. But in circumstances where abortion is not against the law, such abortion should be safe and accessible."[2] When the pregnancy results from a rape, women should be given the choice of having an abortion.[3]

6. The Assembly's position is in line with the position of other international organisations (such as the position of the UN Human Rights Committee on the right to access to abortion services when the pregnancy is the result of sexual violence), and declarations adopted at international conferences, such as the Cairo action programme adopted in 1994, or the 2002 Ottawa commitment (both dealing with sexual and reproductive health rights). The European Court of Human Rights has also issued a series of landmark judgments in recent years along the same lines (most recently *Tysiac v. Poland* (2007) and *Vo v. France* (2004)).

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1. It did not receive the necessary two-thirds majority: the result was 74 in favour, 56 against and 2 abstentions.
2. Resolution 1347 (2003) on the impact of the "Mexico City Policy" on the free choice of contraception in Europe, paragraph 6.
3. Recommendation 1777 (2007) on sexual assaults linked to "date-rape drugs", paragraph 6.2.5, and Resolution 1212 (2000) on rape in armed conflicts, paragraph 10.iii.

7. For example, international commitments of the programme of action of the International Conference on Population and Development in Cairo, the Beijing Platform for Action as well as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) clearly stated the worldwide consensus that reproductive rights are part of human rights. Women must be provided with access to health services related to reproductive matters, be guaranteed a free choice for family planning methods and be able to prevent unwanted pregnancies. The Cairo text stated that "in circumstances where abortion is not against the law, such abortion should be safe".[4]

3. The situation in Europe

8. The situation in Europe regarding abortion is very diverse. Abortion is legal in the vast majority of the Council of Europe member states. In all of the Council of Europe member states, except Andorra and Malta, the law permits abortion in order to save women's life. Abortion on request is – in theory – available in all Council of Europe member states, except Andorra, Ireland, Malta, Monaco and Poland. Some Council of Europe member states enjoy high levels of sexual and reproductive health while some others have some of the highest abortion rates in the world. In some member states, abortion is legal, safe, free and accessible, while in others, women are obliged to resort to illegal and unsafe abortions if they want to terminate a pregnancy. In some countries where abortion is legal (in certain circumstances), abortion is de facto not accessible due to reasons such as high prices of abortion, women-unfriendly providers, crowded facilities, poor hygienic conditions, poor access to information, lack of proper abortion training and inadequate standards of care.

9. According to information provided by the International Planned Parenthood Federation (IPPF), abortion rates are generally on the decline in Europe, particularly in the countries of central and eastern Europe. In the European Union, the figures remain stable. However, there is an increase in the abortion rate among younger women. It should be borne in mind though that data collection systems in Europe differ considerably, and not all statistics are reliable, which makes it difficult to be certain of developments.[5]

10. The legislation varies considerably from country to country in Europe, however: in most cases, an abortion can be requested up to twelve weeks; up to eighteen weeks in Sweden; up to twenty-two weeks in most of the Caucasian countries for social or medical reasons; up to twenty-four weeks in the Netherlands and the United Kingdom in the event of social, medical or economic constraints; only under certain conditions in Cyprus, Luxembourg, Poland, Portugal (the situation is, however, changing in Portugal, where a referendum was held recently) and Spain; only if the mother's life is in danger (Ireland and Northern Ireland) and not at all in Malta.[6]

11. A period of reflection is required only in western Europe, not in the former Soviet countries. Counselling in one form or another is mandatory in most west European countries, but not in eastern Europe. When the abortion concerns a minor, parental consent is required in most countries, but not in Belgium. In France, it is recommended that the minor be accompanied by an adult. The cost of an abortion varies from one country to another and depends on the woman's age and social situation. Abortion is often free in eastern Europe. Bulgaria and Kazakhstan offer state financial assistance to poor women and to girls. In Austria, Spain and Portugal, the cost is around €300 to €800. In Armenia and Georgia, it is between €15 and €85.[7]

12. Access to abortion differs considerably depending on whether women live in urban or rural areas. In most countries, access to abortion is limited to hospitals: some have set up specialised departments, but not all hospitals have obstetricians (or qualified doctors) who perform abortions. According to several studies carried out in the Russian Federation, the number of unreported abortions is much higher than that officially registered, and adolescents, young, unmarried women and women in rural areas are those who seek unsafe abortion.[8] In some countries, such as Poland, doctors refuse to perform abortions on personal moral grounds. In many countries, the quality of the care given to a woman seeking an abortion leaves much to be desired.

4. Programme of action of the International Conference on Population and Development, Cairo, 1994, paragraph 8.25.
5. See "The situation of women in pregnancy conflicts in Europe: overview", by Ms Vicky Claeys, Regional Director, International Planned Parenthood Federation (IPPF), European Network office in Brussels, AS/Ega(2007)PV 3 addendum, pp. 2-3.
6. Ibid.
7. Ibid.
8. Information provided by the European Parliamentary Forum on Population and Development.

4. The moral argument

13. We are all very well aware of the moral argument, which has split whole societies (most obviously the United States of America since the famous US Supreme Court decision *Roe v. Wade*) into two camps, which call themselves "pro-life" and "pro-choice". At the risk of restating the obvious, allow me nevertheless briefly to summarise the arguments of both camps:

14. The "pro-life" camp holds that life begins at conception, not birth, and that the embryo – as a human being – should benefit from human rights, including, of course, the right to life itself. Abortion is thus classified as "murder" or "suppression of human life".[9] Most religions place themselves in the "pro-life" camp according to Mrs Zapfl-Helbling's report on "women and religion in Europe"[10] (from which I have taken the following information). The Roman Catholic Church considers abortion a "moral evil", and a breach of the fifth commandment ("You shall not kill."), as human life is to be respected and protected absolutely from the moment of conception.[11] The Orthodox Church condemns abortion as an act of murder in every case.[12] In Islam, abortion is outlawed unless the mother's health or well-being is at risk (and then, it is only permitted during the first one hundred and twenty days).[13] In Judaism, abortion – in restricted circumstances – is allowed until the 40th day, as the fetus is not regarded as an autonomous person.[14] The mainstream Lutheran and Protestant churches are usually more tolerant on abortion, although the more charismatic and fundamentalist churches take a stricter stance.

15. The "pro-life" camp sees the mother's body as "just the place where the unborn child grows and feeds",[15] and this is why the woman is not seen as having the right to decide on the life of the unborn child. The father's role is also highlighted by "pro-life" activists: since the child has two parents, not one, why should only one of them be allowed to decide its fate?[16]

16. The "pro-life" camp emphasises the possible negative effects an abortion can have on a woman: both physically and psychologically ("symptoms comparable with post-traumatic stress disorder, involving nightmares, a feeling of guilt, a need to 'make amends'").[17] Abortion is not seen as a private matter, in particular in view of current demographic trends. The existence of alternatives to abortion (adoption, foster homes) is stressed.[18]

17. The "pro-choice" camp holds that "the right to safe abortion should be considered as a fundamental human right".[19] The argument builds on women's right to life and to health, since in countries where abortion is restricted by law women tend to resort to illegal abortions in conditions which are medically unsafe and put their lives and health at risk. The lawfulness of abortion does not have an effect on a woman's need for an abortion, but only on her access to a safe abortion.

18. Laws banning abortion are considered by "prochoice" activists to expose women – not men – to increased health risks and therefore to have a discriminatory effect. The laws are also seen as discriminatory in that they "both denigrate and undermine women's capacity to make responsible decisions about their lives and their bodies".[20]

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9. See the speech of Ms Claudia Kaminski, President, "Aktion Lebensrecht für Alle", Germany, AS/Ega(2007)PV 3 addendum, pp. 7-9.
10. Report by the Committee on Equal Opportunities for Women and Men (rapporteur: Mrs Rosmarie Zapfl-Helbling, Switzerland, Group of the European People's Party) on "Women and religion in Europe", 16 September 2005, Assembly Doc. 10670.
11. The Catechism, Third Part, Section Two, Chapter Two, Article 5, Note 2270 (online version: www.vatican.va/archive/ENG0015/P7Z.HTM).
12. Fr. Thomas Hopko, "Meeting the Orthodox, questions and answers on the Orthodox faith", Question 19 (online version: www.oca.org). The same source explains that, in "regard to all of the very difficult cases, such as a young girl being raped or a mother who is certain to die, the consensus of Orthodox opinion would be that a decision for abortion might possibly be made, but that it can in no way be easily justified as morally righteous, and that persons making such a decision must repent of it and count on the mercy of God".
13. Nawal H. Ammar, "On beinga Muslim woman: laws and practices", 1995 (online version: www.consultation.org/consultation/ammar.htm).
14. Ruling of the Rabbinical Assembly's Committee of Jewish Law and Standards, cited online at http://encyclopedia.thefreedictionary.com/Religion%20and%20abortion. However, abortion on demand is not permitted.
15. See the speech of Ms Claudia Kaminski, President, "Aktion Lebensrecht für Alle", Germany, AS/Ega(2007)PV 3 addendum, pp. 7-9.
16. *Idem.*
17. *Idem.*
18. *Idem.*
19. See the speech of Ms Anne Quesney, Director of "Abortion Rights", United Kingdom, AS/Ega(2007)PV 3 addendum, pp. 6-7.

19. Furthermore, women are seen as having a right to reproductive self-determination: according to Ms Quesney (Director of "Abortion Rights", United Kingdom), "going through with an unwanted pregnancy can take a heavy toll on women's physical and emotional well-being and that of their families".[21] Ms Quesney thus considered that it was not the government's role to take decisions in their stead. For women living in settings where family planning and education are unavailable, access to safe abortion services could be the only means of controlling the size of their families. Furthermore, "pro-choice" activists emphasise that no method of contraception is 100% reliable.

20. The "pro-choice" camp further points out that banning abortion only forces it underground – "making it one of the greatest dangers to women's rights, health, equality and independence", in the words of Ms Quesney.[22] Evidence of the abortion restrictions under Ceaușescu's Romania proves this link.

21. Finally, reference should be made to the position adopted by Amnesty International, which, at its 28th International Council Meeting, in Mexico City on 17 August 2007, turned its attention for the first time to certain aspects of abortion, following wide-ranging consultation of its members, in the context of its "Stop violence against women" campaign:

> *"Amnesty International's policy on sexual and reproductive rights does not promote abortion as a universal right and the organisation remains silent on the rights or wrongs of abortion. The policy recognises women's human rights to be free of fear, threat and coercion as they manage all consequences of rape and other grave human rights violations. Amnesty International stands by its policy, adopted in April this year, that aims to support the decriminalisation of abortion, to ensure women have access to health care when complications arise from abortion and to defend women's access to abortion – within reasonable gestational limits – when their health or life are in danger."*[23]

22. In this context, Amnesty International underlined that, "unlike in any other situation, medical service providers will often refuse to treat women suffering from complications related to abortion. There is no analogous treatment, that is, the denial of medical services because the person in need of medical treatment is perceived or alleged to have committed a crime. People who overdose on drugs that are deemed illegal receive treatment …, but women are denied this treatment, reflecting the exceptionalism around the issue of abortion."[24] This position seems a particularly interesting one, placing the debate in the sphere of the protection of women against all forms of violence, and not in the moral sphere.

5. Avoiding abortions

23. Whatever view we hold on abortion, we can all agree that, in an ideal world, abortions would not exist – not because they were banned, but because they were unnecessary in that, in most cases, they are avoidable. Our aim should thus be to avoid as many abortions as possible.

24. The best way to avoid abortions is to avoid unwanted pregnancies by offering accessible and affordable contraception, and sex education for young adults (including in schools). As Ms Lindhal from the Swedish Association for Sexuality Education explained at the hearing, WHO studies have revealed that sex education has the effect of postponing young people's first sexual relations, increasing the use of contraceptives and making sexual relations safer.A WHO report on "Preventing HIV/Aids in young people" revealed that education about HIV tended to delay sexual activity, and that sex education did not increase sexual activity. These results can be transposed to unwanted pregnancies.[25]

25. Similarly, the availability of affordable contraception has done much to lower abortion rates over the years, in particular in central and eastern Europe (in some countries, for example, the then Soviet Union, abortion was used instead of contraception for decades). Abstinence is generally not the answer: in the United States, programmes in favour of abstinence have led to a sharp increase in sexually transmissible diseases, unwanted pregnancies and unavoidable abortions. Facilitating access to emergency contraception at an affordable price and lifting the restriction on over-the-counter sales will also contribute significantly to avoiding abortions.

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20. *Idem.*
21. *Idem.*
22. *Idem.*
23. Statement from Amnesty International in response to the Vatican Secretary of State, AI Index: 30/019/2007.
24. *Idem.*
25. See the speech of Ms Katarina Lindahl, Secretary General of "RFSU" (the Swedish Association for Sexuality Education), AS/Ega(2007)PV 3 addendum, pp. 11-12.

26. Making methods of contraception available, however, is not enough to prevent abortions. A recent study in France, which has the highest contraception rate in the world, provided a reminder that almost two of every three unplanned pregnancies occurred in women who claimed to be using a means of contraception when they fell pregnant.[26] It is therefore important to enable women to choose a contraception of suitable nature for them, and chosen by them, to avoid unwanted pregnancies.

27. Banning abortions does not avoid unwanted pregnancies either. Women in a "pregnancy-conflict" can only rarely be persuaded to carry the pregnancy to term against their will – most will seek an abortion even if abortion is illegal in their country. Some will travel to other countries (from Ireland to the United Kingdom, for example).[27] But others, who cannot afford this "abortion tourism", will resort to unsafe "backstreet" abortions or will even try to terminate their pregnancies themselves, at great risk to their health and even life.[28]

28. Restrictive legislation may also lead to the development of "parallel markets". Some NGOs in Poland, where abortion is allowed only in the event of rape, incest or danger to the life or health of the mother, have complained about both women's limited access to abortion[29] and newspaper advertisements publishing such "services". Ultimately, these associations estimate that some 180 000 clandestine abortions are carried out in Poland every year.[30]

29. I would thus plead for a more open attitude towards abortion. Where abortion is legal, safe and accessible in Europe, abortion rates tend to be low (also, probably, because most of the countries which take this stance also invest heavily in sex education and accessible contraception). Restrictions on abortion – such as compulsory waiting or "cooling off" periods, requirements for prior consultations or "counselling", or consent by two doctors – are also, in general, counterproductive: as Mr Fiala (President of the International Federation of Professional Abortion and Contraception Associates, Austria) pointed out during the hearing, restrictions do not reduce the number of unwanted pregnancies or abortions and do not lead to an increase in the number of women actually having children, nor do they bring about improvements in care: "They merely increase the age of the fetuses at the time of the abortions, with all the related physical and psychological consequences for the mothers. They increase both the physical and psychological health risks and the cost of the operation to no obvious benefit."[31] Furthermore, the more quickly a woman makes her decision, the greater the possibility of abortion through medication being made available to her, thereby avoiding the risks inherent in all surgery.

30. Finally, it is my personal view that the ultimate decision on whether or not to abort has to be a matter for the woman, and that women's right to control their own bodies must be recognised.

6. Conclusions

31. The Parliamentary Assembly should reaffirm that abortion can in no circumstances be regarded as a family planning method. Abortion must, as far as possible, be avoided. All possible means compatible with women's rights must be used to reduce the number of both unwanted pregnancies and abortions.

32. Although abortion is legal in the vast majority of the Council of Europe member states, the Assembly is concerned that, in many of these states, numerous conditions are imposed and restrict the effective access to safe abortion. These restrictions have discriminatory effects, since women who are well informed and possess adequate financial means can often obtain legal and safe abortions more easily.

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26. COCON study, Unité INSERM-INED, U 569, 2000. These facts led the health ministry to start a campaign based on the slogan: "The best contraception is the one that you choose". See the press file issued by the French Ministry for Health, Youth and Sport, 11 September 2007.

27. The European Parliamentary Forum on Population and Development indicates that, according to the statistics of the Irish Family Planning Association, in the year 2006, 5 042 Irish women went to Britain for an abortion. In Poland, where underground private abortion services are robust, as is "abortion tourism", women travel to neighbouring countries, including Austria, Belarus, Belgium, the Czech Republic, Germany, Lithuania, the Netherlands, the Russian Federation, Slovakia and Ukraine, to have an abortion.

28. According to the European Parliamentary Forum on Population and Development, the estimated number of unsafe abortions in Europe varies from 500 000 to 800 000 annually.

29. Attention should be drawn in this context to the judgment of the European Court of Human Rights in the case of *Tysiąc v. Poland*, No. 5410/03, ECHR 2007.

30. AFP dispatch of 7 January 2008 on fifteen years of complaints by Polish NGOs about anti-abortion legislation ("Des ONG polonaises dénoncent 15 ans de législation anti-avortement").

31. See the speech of Mr Christian Fiala, President of the International Federation of Professional Abortion and Contraception Associates, Austria, AS/Ega(2007)PV 3 addendum, pp. 3-4.

33. The Parliamentary Assembly should also note that, in member states where abortion is legal, conditions are not always such as to guarantee women effective access to this right: the lack of local health care facilities, the lack of doctors willing to carry out abortions, the repeated medical consultations required, the time allowed for changing one's mind and the waiting time for the operation all have the potential to make access to abortion more difficult, or even impossible in practice.

34. The Assembly should take the view that abortion should not be banned. A ban on abortions does not result in fewer such operations, but mainly leads to clandestine abortions, which are more traumatic and more dangerous. The lawfulness of abortion does not have an effect on a woman's need for an abortion, but only on her access to a safe abortion.

35. At the same time, the Assembly is convinced that appropriate sexual and reproductive health strategies, including compulsory sex education for young people, contribute to less recourse to abortion.

36. The Assembly affirms the right of all human beings, women included, to respect for their physical integrity and to freedom to control their own bodies. In this context, the ultimate decision on whether or not to have an abortion should be a matter for the woman concerned, and she should have the means of exercising this right in an effective way.

37. Member states of the Council of Europe should be invited to:

37.1. decriminalise abortion, if they have not already done so;

37.2. guarantee women's effective exercise of their right to abortion;

37.3. allow women freedom of choice and offer the conditions of a free and enlightened choice;

37.4. lift restrictions which hinder, *de jure* or de facto, access to safe abortion, and in particular take the necessary steps to create the appropriate conditions for health, medical and psychological care and offer suitable financial cover;

37.5. adopt appropriate sexual and reproductive health strategies based on sound and reliable data, ensuring continued improvements and expansion of contraceptive service provision by increased investments from the national budgets into improving health systems, reproductive health supplies and information provision;

37.6. ensure that women have access to contraception at a reasonable cost, of a suitable nature for them, and chosen by them;

37.7. introduce compulsory sex education for young people (*inter alia*, in schools), so as to avoid as many unwanted pregnancies (and therefore abortions) as possible.

Reporting committee: Committee on Equal Opportunities for Women and Men.

Reference to committee: Doc. 10802, reference No. 3175 of 27 January 2006.

Draft resolution adopted by the committee by 21 votes in favour, 3 votes against and 1 abstention on 11 March 2008.

Members of the committee: Mr Steingrímur J. **Sigfússon** (Chairperson), Mr José **Mendes Bota** (1st Vice-Chairperson), Mrs Ingrida **Circene** (2nd Vice-Chairperson), Mrs Anna Čurdová (3rd Vice-Chairperson), Mr Frank Aaen, Mrs Željka Antunović, Mr John **Austin**, Mr Lokman **Ayva**, Ms Marieluise Beck, Mrs Anna Benaki, Mrs Oksana Bilozir (alternate: Mrs Olha **Herasym'yuk**), Mrs Olena **Bondarenko**, Mr Predrag Bošcović, Mr Jean-Guy **Branger**, Mr James Clappison, Mrs Minodora Cliveti (alternate: Mrs Monalisa **Găleteanu**), Mr Ignacio Cosidó Gutiérrez (alternate: Mr Adolfo **Fernández Aguilar**), Ms Diana Çuli, Mr Ivica Dačić, Mr Marcello Dell'Utri, Mr José Luiz Del Roio, Mrs Lydie Err, Mrs Catherine Fautrier, Mrs Maria Emelina Fernández Soriano (alternate: Mrs Rosario **Velasco García**), Ms Sonia Fertuzinhos, Mrs Alena Gajdůšková, Mrs Ruth Genner, Mrs Claude Greff, Mr Attila Gruber, Mrs Carina **Hägg**, Mr Ilie **Ilaşcu**, Mrs Fatme Ilyaz, Ms Nataša Jovanović, Mrs Birgen **Keleş**, Mrs Krista **Kiuru**, Mrs Irine Kurdadzé, Mrs Angela Leahu, Mr Terry **Leyden,** Mrs Mirjana Malić, Mrs Nursuna **Memecan**, Mrs Dangutė **Mikutienė**, Mrs Ilinka Mitreva, Mr Burkhardt **Müller-Sönksen**, Mrs Christine Muttonen (alternate: Mrs Ana **Blatnik**), Mrs Hermine Naghdalyan, Mrs Yuliya **Novikova**, Mr Mark Oaten, Mr Kent Olsson, Mrs Vera Oskina, Mr Jaroslav Paška, Mrs Maria Agostina Pellegatta, Mrs Antigoni **Papadopoulos**, Mr Claudio Podeschi, Mrs Majda Potrata, Mr Jeffrey Pullicino Orlando, Mr Frédéric Reiss, Mrs Mailis Reps, Ms Jadwiga Rotnicka, Mrs Marlene Rupprecht, Mrs Klára Sándor, Mr Giannicola Sinisi, Ms Miet Smet, Mrs Svetlana Smirnova, Mrs Darinka

Stantcheva, Mrs Tineke Strik, Mr Michał **Stuligrosz**, Mrs Doris Stump, Mr Han Ten Broeke, Mr Vasile Ioan Dănu **Ungureanu**, Mr Marek **Wikiński**, Mr Paul **Wille**, Mrs Betty Williams, Mr Gert Winkelmeier, Ms Karin S. Woldseth, Mrs Gisela **Wurm**, Mr Vladimir **Zhidkikh**, Mrs Anna Rodoula Zissi.

NB: The names of those members present at the meeting are printed in bold.

See 15th Sitting, Wednesday 16 April 2008 (adoption of the draft resolution, as amended); and Resolution 1607.