Limited Access: Europe’s Contraception Deficit

Executive Summary
Summary

- The Contraception Atlas is a research project led by the European Parliamentary Forum on Population and Development (EPF), which investigates how European public authorities perform across: access to contraception, family planning counselling and online information.

- Access to contraception is a basic right for women, contraception empowers people to proactively plan if and how many children they want at the time of their choosing. Contraception should be a priority for policy-makers and governments.

- Policies influencing choice and access to contraception are failing to keep pace with scientific advancements in contraceptives and the digital age. This contributes to a high rate of unintended pregnancies (UIP) with over 43% pregnancies in the European region considered as unplanned.

- UIPs contribute to increased health risks, increased negative health behaviours, and less empowered women due to the impact on education in adolescence, participation in the labour market and earnings.

- Only three countries in Europe (France, Belgium and the UK) offer excellent general reimbursement schemes for contraception. 28 countries offer little or no reimbursement for any form of contraception.

- In many countries, reimbursement schemes are outdated and do not include newer, more effective forms of contraception such as long-acting reversible contraception (LARCs). LARCs are the most effective contraceptive option, because they do not depend on user administration, and are also the most cost effective.

- In many countries, governments are also failing to provide online sources of information about contraceptives. This is a miniscule expense for governments but can make a big difference to individuals. Only 11 countries in Europe had very good or excellent government supported websites.

- These challenges have created a two-speed system across Europe. Modern contraceptive prevalence rates (CPR) range from 73% in northern Europe to 69% in western Europe. However, in the less well performing regions the range is from 30% (South Caucasus) to 17% (Western Balkans), equivalent to those of low-income developing countries.
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Recommendations

1. Schemes for reimbursement of contraceptive supplies should be extended to all people of reproductive age, specifically those highlighted as having restricted access to contraception (adolescents and vulnerable groups).

2. Schemes for reimbursement must ensure the most effective, yet financially inaccessible contraceptives are adequately covered. For example LARCs.

3. Reimbursement schemes should be integrated within health care policies and be evidence- and research-based, taking into account cost-effectiveness, efficiency and success rates in the long term.

4. Countries should do more to reduce the waiting time for family planning consultations;

5. Specialised services should be easily available and accessible, especially in rural/hard to reach areas.

6. Regular gynaecological/GP/midwife check-ups should be made readily available.

7. Destigmatise and de-mystify contraception and offer evidence-based scientific information during counselling.

8. In countries with prescription requirements for contraception, they must be clear and concise and implemented effectively;

9. Emergency contraception should be available without prescription;

10. Online tools should offer information on a broad range of modern, effective contraceptive methods.

For more information about The Contraception Atlas see contraceptioninfo.eu or follow @ContraceptInfo on Twitter.

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