EPF’s Contribution to the
30 Review of the ICPD
Programme of Action in
Europe

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1. Introduction

Welcome to the EPF’s Contribution to the 30 Review of the ICPD Programme of Action in Europe, a comprehensive visual representation of SRHR policies and access across the European geographical region. This new atlas consolidates the data and findings from a series of previously published atlases, focusing on critical aspects such as abortion laws and policies, contraception policies, fertility policies, HPV prevention policies, SRHR development funding, and gender-based violence prevention efforts. By integrating these diverse elements into a single, cohesive map, this new atlas offers an inclusive perspective on the state of SRHR in Europe in the period 2020-2023.

This publication aims to be a valuable resource for policymakers, decision-makers, advocacy groups, and civil society interested in promoting SRHR for all. By providing a consolidated overview of key SRHR indicators, this atlas offers a powerful tool to identify areas in need of improvement, recognise best practices, and foster informed discussions to advance SRHR across Europe.

As we explore different areas of SRHR, this atlas represents our contribution to the ICPD programme of action - it provides essential guidance and sheds light on the path towards a future where comprehensive sexual and reproductive healthcare is both accessible and protected for all individuals throughout Europe.

Findings

This first in-depth analysis of abortion policies across 46 countries in Europe finds that legislation on abortion care throughout the region is a diverse legislative and administrative patchwork:

- **31 countries** don’t include abortion in the national health system’s financial coverage - penalising all women and girls, but specifically the vulnerable (e.g. low-income, living in rural areas, Roma, sex workers and undocumented migrants).

- **19 countries**, including several known for progressive stances, force women to endure medically unnecessary requirements before accessing abortion care (compulsory and often biased counselling, forced waiting periods).

- **16 countries** in Europe regulate abortion care primarily through their criminal and/or penal code.
• **26 countries** allow health workers to deny care on the basis of their personal beliefs or convenience, thus potentially placing women in serious danger.

• **18 countries** fail to provide people with clear and accurate information about abortion care.

**Policy Background**

**World Health Organisation:** Access to legal, safe and comprehensive abortion care, including post-abortion care, is essential for the attainment of the highest possible level of sexual and reproductive health. In countries where abortion is legally highly restricted, unequal access to safe abortion may result. In such contexts, abortions that meet safety requirements can become the privilege of the rich, while poor women have little choice but to resort to unsafe providers, which may cause disability and death. Advances in medical practice in general, and the advent of safe and effective technologies and skills to perform induced abortion, could eliminate unsafe abortions and related deaths entirely.

**European Parliament:** Member states should decriminalise abortion, as well as remove and combat obstacles to legal abortion, and recall that they have a responsibility to ensure that women have access to the rights granted by law.

**Council of Europe Parliamentary Assembly:** The lawfulness of abortion does not affect a woman’s need for an abortion, but only her access to a safe abortion.

**Recommendations**

1. Modernise abortion laws (decriminalise abortion, extend time limits);  
2. Ensure that abortion care is covered by national health systems;  
3. Remove unnecessary obstacles in accessing abortion care (according to WHO recommendations);  
4. Prohibit providers from legally opting out of any part of the full spectrum of reproductive health care;  
5. Provide accurate information about abortion from public authorities and counter disinformation;  
6. Conduct additional research on key barriers such as stigma, geographical discrepancies, cost, refusal of care, and burden of travel.

**Policy Improvements**

France, Germany, Ireland, Spain, and the United Kingdom have implemented policy to improve access to abortion.
Findings

Since 2017, EPF has periodically scored 46 countries in geographical Europe on access to modern contraception. In 2023, the best-performing countries are the United Kingdom, France, and Belgium, followed by Luxembourg, Sweden, and Ireland. In these countries, there has been major progress in terms of policies. European countries that are at the bottom of the list include Poland, Bosnia-Herzegovina, and Hungary. Geographical disparities across Europe remain and an increasingly visible East-West divide affects the region:

- **20 countries**, which represent 43% of the countries analysed, cover contraceptives in their national health system and include long-acting reversible contraception (LARCs).
- **41 countries** (89%) are covering counselling within the national health system.
• **14 countries** (30%) are covering contraceptives in the national health systems for young people above the age of 25.
• **19 countries** (41%) provide good or exceptional governmental websites about contraception.

**Policy Background**

**Nairobi Statement ICPD25 (2019):** underscores the global commitment to universal access to sexual and reproductive health, part of universal health coverage. This includes eliminating unmet family planning needs and ensuring widespread access to modern contraceptives.

**Parliamentary Assembly of the Council of Europe Resolution 2331 (2020):** it calls for accessible contraception methods, especially in rural areas, and their affordability through health insurance. It also encourages targeted support for young, low-income, and vulnerable groups and confidential counselling.

**European Parliament Resolution (2021):** it urges Member States to ensure universal access to high-quality contraception, addressing financial and social barriers, offering medical advice, and providing accurate information.

**Recommendations**

1. Comprehensive coverage of contraceptives within the national health system, including LARCs.
2. Ensuring accessible counselling for contraception, including rural or hard-to-reach areas.
3. Public health institutions must ensure information on a broad range of modern, effective contraception and where to get it.

**Policy Improvements**

France, Ireland, Italy, Latvia, Luxemburg, Slovenia, the United Kingdom and the EU Commission have implemented policies to improve access to contraception in their own respective country.

Findings

The document offers a detailed look into the state of fertility policy across 43 countries in geographical Europe and finds a mixed picture: only two countries on either side of the continent, namely Armenia and the UK, have a state-organised fertility education programme that fully educates young people about fertility care and challenges.

- **38 countries** have dedicated laws on reproductive technologies and 33 have a national register of activity in this area.

- **41 countries** provide insemination with donor sperm to straight couples - yet only 19 countries provide this to female couples and just 30 countries provide it to single women.

- **12 countries** offer up to six funded cycles of IUI (intrauterine insemination). Three countries offer up to six fully funded cycles of IVF/ICSI with 35 offering it partially funded.
• **13 countries** consult patient associations on public fertility policy.

**Policy Background**

**World Health Organization:** Availability, access, and quality of interventions to address infertility remain a challenge in most countries. Diagnosis and treatment of infertility is often not prioritized in the national population and development policies and reproductive health strategies are rarely covered through public health financing. [...] Government policies could mitigate the many inequities in access to safe and effective fertility care. To effectively address infertility, health policies need to recognise that infertility is a disease that can often be prevented, thereby mitigating the need for costly and poorly accessible treatments. [...] In addition, enabling laws and policies that regulate third-party reproduction and ART are essential to ensure universal access without discrimination and to protect and promote the human rights of all parties involved. Once fertility policies are in place, it is essential to ensure that their implementation is monitored, and the quality of services is continually improved.

**European Parliament:** Notes that infertility is a medical condition recognised by the World Health Organization that can have severe effects such as depression; points out that infertility is on the increase and now occurs in about 15% of couples; calls on the Member States, therefore, to ensure the right of couples to universal access to infertility treatment. Calls on the Member States to ensure that all persons of reproductive age have access to fertility treatments, regardless of their socio-economic or marital status, gender identity or sexual orientation; stresses the importance of closely examining fertility in the EU as a public health issue, and the prevalence of infertility and subfertility which are a difficult and painful reality for many families and persons; calls on the Member States to take a holistic, rights-based, inclusive and non-discriminatory approach to fertility, including measures to prevent infertility, and ensuring equality of access to services for all persons of reproductive age, and to make medically assisted reproduction available and accessible in Europe.

**Recommendations**

1. Recognise the right to try to have a child as a universal right across the EU;
2. Ensure equal, fair and safe access to fertility treatments;
3. Provide public funding for all lines of fertility treatments;
4. Engage the public sector in providing better information about fertility and infertility;
5. Implement communication campaigns to remove the stigma associated with infertility.
Findings

The HPV Prevention Policy Atlas ranks 48 countries on a range of measures related to HPV Prevention Policies, including the implementation of gender-neutral vaccination. The best-performing countries include Denmark, Sweden, Finland, the UK, and Ireland. Countries at the bottom of the ranking are Kosovo, Azerbaijan, and Bosnia-Herzegovina. However, HPV preventive policies have improved in North Macedonia, Moldova, Georgia, Slovakia, and Poland. The Atlas reveals a very uneven picture across the European region:

- **39 countries** (81%) offer a national routine program on vaccination;
- **30 countries** (62%) offer gender-neutral vaccination;
- **23 countries** (47%) have an HPV vaccine registry;
- **25 countries** (52%) offer easy-to-find governmental websites with good or excellent information.
Policy Background

**World Health Organization:** according to WHO all countries must reach and maintain an incidence rate of below 4 per 100,000 women. Achieving that goal rests on three key pillars and their corresponding targets: vaccinate 90% of girls with the HPV vaccine by the age of 15; ensure that 70% of women are screened using a high-performance test by the age of 35, and again by the age of 45; ensure that 90% of women with pre-cancer are treated and 90% of women with invasive cancer are managed. Each country should meet the 90-70-90 targets by 2030 to get on the path to eliminate cervical cancer within the next century.

**European Union:** Europe’s Beating Cancer Plan is the political commitment to cancer prevention. In relation to HPV Prevention, the Plan calls on three pillars: vaccinate at least 90% of the EU target population of girls and significantly increase the vaccination of boys by 2030; ensure that 90% of the EU population who qualify for breast, cervical and colorectal cancer screenings are offered screening by 2025; establish an EU Network by 2025, linking recognised National Comprehensive Cancer Centres in every Member State and ensure that 90% of eligible patients have access to such centres by 2030.

Recommendations

1. Include HPV vaccination into routine state vaccination schedules;
2. Establish gender-neutral vaccination by including boys in HPV vaccination coverage (which also serves the protection of girls);
3. Offer the HPV vaccine and screening free of charge;
4. Provide mature population-based screening programmes which are the only way to reach the entire population and achieve results in saving women’s lives;
5. Provide citizens with reliable evidence-based information about HPV screening and vaccine and where to reach them;
6. Ensure better data collection for HPV screening and coverage rate.

Policy Improvements

Albania, Belarus, Cyprus, France, Georgia, Greece, Hungary, Latvia, Lithuania, Moldova, Serbia, Slovakia, and Spain have implemented policies to prevent HPV in their respective countries.
6. Development Funds for SRHR 2020

Findings

Among the 26 donor countries analysed in the European region, not even one has met its 10% SRHR target. Seven countries stand out with at least 3% on SRHR (in order of highest to lowest): Netherlands, Iceland, Sweden, UK, Luxembourg, Ireland, and Finland. Interestingly, all of these countries have low to medium GNIs, except for the UK. This is surprising given the large economies of France, Germany, the EU, Italy, and Spain which give less than 2% to SRHR. The worst-performing donor countries contribute as little as 0.5% to SRHR. These 6 countries (in order from highest to lowest) are Hungary, Poland, Slovak Republic, Czech Republic, Slovenia, and Greece.
Commitment to ODA and Funding SRHR

According to the OECD-DAC, there are 30 countries – across North America, Europe, Asia and the Pacific – which form the donor countries in this funding atlas. The OECD-DAC has emerged from multiple formats that began with the Development Assistance Group created in 1960. These donor countries have committed to contribute 0.7% of their gross national income (GNI) to Low and Middle-Income Countries (LMICs) through the funding mechanism of official development assistance (ODA). Importantly, not all ODA is spent on SRHR programmes. Thus, there is a goal – as stated at IPCI in 2002 – that at least 10% of ODA is dedicated to SRHR. This is an important goal because it was formed through a global political consensus across all political parties and is an assessment of effort, not wealth. The European region – 23 countries plus the combined investment from the EU as an individual donor – is the largest contributor to ODA. While many of the donor countries are meeting or closing in on this 0.7% target, the goal of 10% dedicated to SRHR has fallen behind. As a result, the current funding is manifestly unable to match the SRHR demands in LMICs.

Recommendations

1. Donor countries should boost financial support to SRHR programs with the aim of moving closer to the goal of dedicating at least 10% of ODA;
2. Advocate for SRHR consensus actively and collaborate with other countries and organisations to improve SRHR in LMICs;
3. Ensure transparency and accountability in the allocation of development funding to SRHR;
4. Support research initiatives that provide evidence-based insights into LMICs’ specific SRHR needs.

Policy Improvements

France, Ireland, the United Kingdom and Spain are moving in a positive direction on SRHR funding.
7. Gender Based Violence: Istanbul Convention

Findings

All 27 Members of the Council of Europe have signed the Convention on preventing and combating violence against women and domestic violence (Istanbul Convention). Russia, Belarus, and Azerbaijan have not signed nor ratified the Convention, while Turkey withdrew in July 2021, claiming that the Convention undermined the country’s social and family values. As of December 2022, the Convention has been ratified by 21 countries: Austria, Belgium, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovenia, Spain and Sweden.
Policy Background

The Istanbul Convention, adopted in 2011, is the first instrument in Europe to set legally binding standards specifically to prevent gender-based violence, protect victims of violence and punish perpetrators. Some of the measures proposed in the Convention are awareness raising, data collection, and legal measures such as recognising forced sterilisation or female genital mutilation as a form of violence against women. The focus is for governmental bodies to be involved in prevention, prosecution, and protection activities through training, education, resources, law enforcement, and legal systems. Entering into force in 2014, the Istanbul Convention represents the most advanced international legal instrument to set out binding obligations to prevent and combat violence against women, addressing all forms of gender-based violence against women and girls in all their diversity while also providing practical insights on how citizens and NGOs can bring about real change.

Recommendations

Sign, ratify and implement the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention). The Convention covers a broad range of measures, including obligations ranging from awareness-raising and data collection to legal measures on criminalising different forms of violence. Unlike other international treaties for tackling gender-based violence, the Istanbul Convention provides for the implementation of comprehensive and coordinated policies between national and governmental bodies involved in prevention, prosecution, and protection activities.

Policy Improvements

In June 2023, the European Union ratified the Istanbul Convention.
8. Conclusions: Combined SRHR Ranking

In assessing the state of sexual and reproductive health and rights across 45 countries in geographical Europe, we find a diverse landscape marked by different degrees of commitment and achievement. Our assessment of five key policy areas illustrates that while progress has been made, no country has reached the elusive perfect score of 100. As reflected in the table and in the map of the Combined SRHR Ranking Atlas Europe 2020-2023, some countries have made significant strides in specific areas, but there is still room for improvement and implementation of SRHR policies across the region.

Geographical disparities across Europe remain and an increasingly visible East-West divide affects the region. The best-performing countries are the United Kingdom, France, and The Netherlands, followed by Belgium, Sweden, and Iceland. Countries that are at the bottom of the list include Azerbaijan, Belarus, and Russia. This publication shows that more needs to be done toward a future where every individual can enjoy comprehensive sexual and reproductive health and rights. By learning from one another’s successes and challenges, we can collectively promote SRHR across the region.