

The International Planned Parenthood Federation European Network has member associations in:



- |                     |            |                     |                 |
|---------------------|------------|---------------------|-----------------|
| Albania             | France     | Latvia              | Slovak Republic |
| Republic of Armenia | Georgia    | Lithuania           | Spain           |
| Austria             | Germany    | Luxembourg          | Sweden          |
| Belgium             | Greece     | Republic of Moldova | Switzerland     |
| Bulgaria            | Hungary    | the Netherlands     | Turkey          |
| Cyprus              | Iceland    | Norway              | Ukraine         |
| Czech Republic      | Ireland    | Poland              | United Kingdom  |
| Denmark             | Israel     | Portugal            | Uzbekistan      |
| Estonia             | Italy      | Romania             |                 |
| Finland             | Kazakhstan | Russian Federation  |                 |

# From the President

*Dear readers,*

*I am very happy to share with you the 2001 Annual Report of the International Planned Parenthood Federation European Network (IPPF EN), which gives an overview of the activities undertaken by the 38 member Family Planning Associations (FPAs) throughout Europe, and the Regional Office which operates from Brussels.*

*IPPF EN's logo contains the words **Health, Choice and Rights**, three words that form the basis of our mission. All three are interrelated and none of them can, in our view, stand alone. Together they form the holistic approach IPPF EN takes in all its activities. This Annual Report will try to reflect how we interpret these concepts in the implementation of FPA and Regional Office programmes and projects.*

*HEALTH not only includes the establishment of sexual and reproductive health centres and clinics, providing direct services to the public and the availability of affordable contraceptives. It also involves the training of health professionals to improve the quality of care within services;*

*the responsibility of policy makers to promote sexual and reproductive health; and the need for individuals to protect their own sexual and reproductive health.*

*CHOICE comprises everything that is related to information, education and communication (IEC). This is the first step in enabling people to recognise that they have choices concerning their sexual and reproductive health – and to know what those choices are. It includes awareness-raising campaigns aimed at the public on, for example, contraceptive use or STI and HIV/AIDS prevention. It also includes efforts to ensure the sustainability of newly established FPAs, such as those in the Central Asian Republics, which are ensuring choice for their populations in terms of promoting access to affordable and high quality services.*

*RIGHTS encompasses both the efforts made to ensure that individuals know what their rights are, as well as the work carried out with governments and parliamentarians to influence legislative change and monitor progress within Europe and the broader*

*international community. Although the focus of the work of IPPF EN is sexual and reproductive health and rights throughout Europe and Central Asia, IPPF EN is also active in international matters such as monitoring the commitments made at United Nations conferences. By using our network of FPAs, and their national expertise, we are able to put pressure on European governments and the European Union to fulfil their obligation to ensure that all people in the world can benefit from sexual and reproductive **Health, Choice and Rights**.*

*In the first section of the Annual Report, IPPF EN's Regional Director, Lyn Thomas, presents an overview of the situation in Europe – a continent with the most diverse extremes in terms of the realities of sexual and reproductive health, an issue which is so important for the well being of women, men and young people. The following sections present highlights of IPPF EN's activities in 2001, and outcomes that, we believe, have contributed significantly to an improvement in the lives of individuals.*



*I am very happy to use this opportunity to express my gratitude to the staff and volunteers of the FPAs throughout the network who work to make this happen, and who continue to seek innovative ways of addressing the needs of the population in their countries, in particular those of the most vulnerable groups of society.*

*A special thanks goes to the growing force of young people who not only rejuvenate the organisation but whose energy also makes sure that new generations can find people with expertise among their peers with whom they can discuss issues in confidence. These young activists are not*

*only needed to spread knowledge, but also to defend and safeguard achievements in sexual and reproductive health, as these should never be taken for granted.*

*As President of this organisation, I wish to thank my volunteer colleagues of the Regional Executive Committee who are very committed to their tasks and with whom I am working to provide direction and policy guidance to the European Network.*

*The same also needs to be said of the Regional Office staff and, in particular, of the Director, all of whom are committed to the issue of sexual and reproductive health, to supporting the FPAs as much as possible, and to making IPPF EN into a vibrant, strong network which can make a difference to the lives of the 800 million people in Europe.*

*Finally, we must thank all the donors and friends who believe in the work we do and who support us both financially and morally. We hope wholeheartedly that they will continue to do so, even as political and economical constraints increase. Without*

*them, we would not be able to support women, men and young people to have happy and fulfilling sexual lives, without fear of unwanted pregnancy or disease.*

*I hope you will enjoy reading the Annual Report.*

A handwritten signature in black ink, appearing to read 'Vrancken'.

*Carine Vrancken  
Regional President*

# The State of Sexual and Reproductive Health in Europe

*The diverse situations facing our member associations continue to expand, despite progress on many fronts. The whole spectrum of sexual and reproductive health needs and problems can be found in this region, in both Western and Eastern Europe. There are countries where sexually transmitted infection rates are decreasing or stabilising, and others where they are increasing at a worrying rate; countries where abortion legislation is being improved, while in others there are attempts to restrict access; countries where sex education is being included in school curricula, and others where it still isn't discussed; and countries where emergency contraception is available over the counter in a pharmacy, and others where it isn't available at all, or a physician's prescription is required. Any overview of the sexual and reproductive health situation in the region will need to take account of these differences and similarities. But it must be remembered that, although the problems may be different, the solution remains the same: comprehensive and affordable sexual and reproductive health services.*

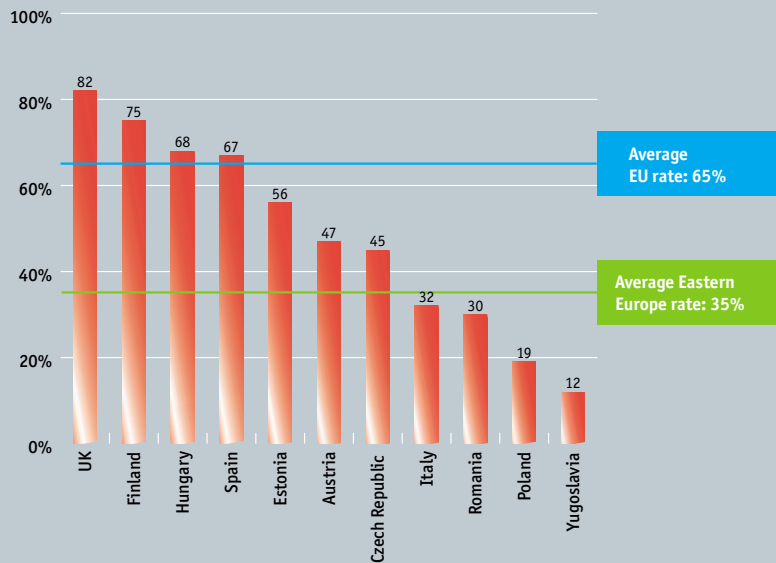
*Reliable and accurate information about the situation in all European countries is not easily available, as some sources are incomplete or information is out of date. However, the figures used in this overview indicate the major trends, giving us a 'flavour' of the situation in the region.*

**Fertility rates** continue to decline with a few exceptions. Sweden, France and the Netherlands show a very slight increase in the total fertility rate, possibly due to better conditions for parents, such as improved paternity, maternity and childcare benefits. The lowest rates are in Italy, Latvia and the Czech Republic. The average age at which women have their first child also varies, from 21 in Russia, Ukraine and Romania, to 29 in the UK and Spain.

Inequalities in access to sexual and reproductive health services in Europe exist – not only between East and West, but also within countries and regions. In Western Europe, the average rate of **modern contraceptive use** is around 65%, with northern European countries like Finland and the UK leading the way, at above 70%. Austria and Greece have recorded rates of around 50%, while the Eastern European average is 35%. However, some countries are registering rates below 20%, bringing them more into line with several developing countries (see figure 1).

**Abortion** rates vary significantly, with women in Central & Eastern Europe,

## 1. Modern Contraceptive Prevalence in selected countries in Western and Eastern Europe



Source: *The State of the World Population 2001, UNFPA, 'Monitoring ICPD Goals p68-69'*

despite progress, still having to rely on its use as their main method of fertility regulation. For Belgium and the Netherlands, the rate is around six abortions per 1000 women (aged 15-49), while in Romania, it is over 10 times higher at about 68 per 1000. This is in part due to the lack of availability, or affordability, of contraceptives, and in part due to lack of knowledge of other options.

There are also disparities in the availability and costs of abortion services. A problem confronting women in Western Europe is the increase in the number of doctors refusing to perform abortions on the

grounds of conscientious objection. In some cases, they refuse in the public sector, only to perform them in their private sector clinics, increasing the cost to the woman. Others refuse outright, and also decline to refer women to other services. One reason for this could be that the physicians may have no experience of the damage done to women by illegal and unsafe abortion, since abortion has been legal for some years in the countries concerned.

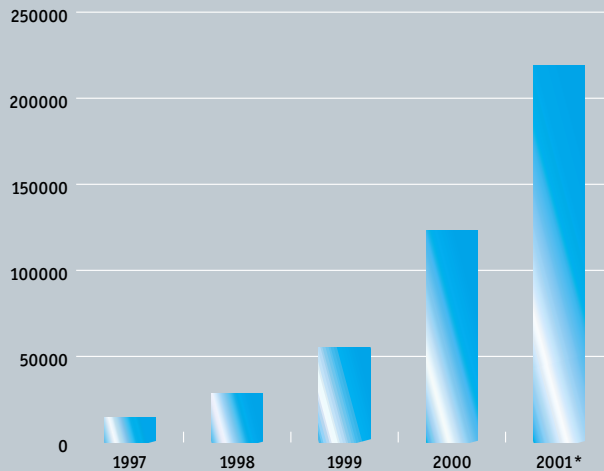
Historically, the majority of **AIDS** cases have been in Western Europe. However, the countries that are showing the fastest

increase in new cases of **HIV** infection are in Eastern Europe, in particular Russia, Estonia, Latvia and Ukraine (see figure 2). We can also see differences in the rates of HIV infection between different sectors of the population. For example, while infection rates among heterosexual people in Western Europe are stabilising or even declining, we can observe a rapid increase among women in Eastern Europe. Male intravenous drug users now form the largest group of newly infected persons in Eastern Europe. The rates recorded for the first half of 2001 suggest that the number of new infections may be up by 25% over the previous year.

Special attention needs to be paid to the sexual and reproductive rights of **young people** in Europe. The range of teenage pregnancy rates is wide across the region. Within the European Union, the United Kingdom is now infamous for having the highest rates, some four times higher than many of its neighbours (see figure 3).

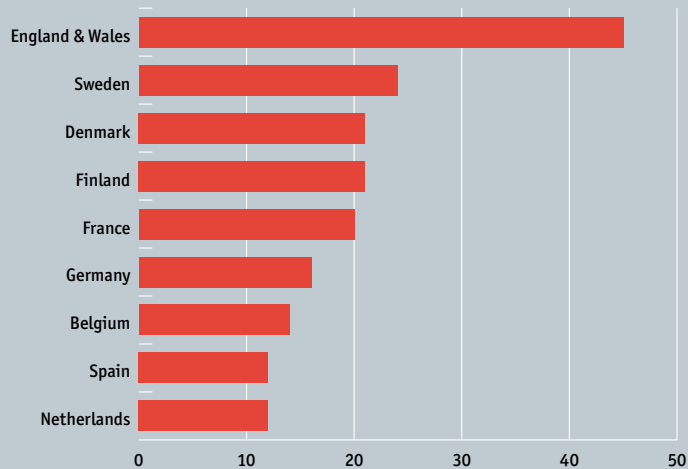
A key issue here is the need for objective, balanced sexuality education. The difference between the teenage pregnancy rates of the UK and the

## 2. Cumulative number of newly diagnosed HIV cases in Eastern Europe



\* Projected figures estimated on the basis of figures for January to June 2001  
Source: HIV/AIDS Surveillance in Europe – Mid Year Report 2001

## 3. Pregnancies in Selected Western European Countries per 1000 women aged 15-19



Sources: UK Teenage Pregnancy Social Exclusion Unit; Alan Guttmacher Institute; Family planning perspectives 2000; EC Directorate General Health & Consumer Protection, Feb 2000

Netherlands, well known for its progressive approach to sexuality education in schools, provides a case in point. Studies have found no evidence to suggest that providing sexuality education encourages promiscuity. Ignorance and misinformation, on the other hand, can result in high rates of unintended pregnancy and the risk of sexually transmitted infections (STIs) and HIV/AIDS.

Nor is this confined to Western Europe. High adolescent birth rates of some Eastern European countries are accompanied by large numbers of abortions by young women under 20, while the lack of knowledge of and access to contraception is a factor behind the high STI rate for young adults (see figure 4).

### People on the move and at the edge of society

The sexual and reproductive health and rights of minorities in Europe is becoming an increasing focus of our work. According to the UNHCR, there are some 5.5 million **refugees** in Europe. They frequently have less prenatal care than other people, and infant mortality rates are higher. They

#### 4. Birth, abortion and STI rates for young people in selected Eastern European countries

Country	Adolescent birth (live births per 1000 women aged 15-19)	Abortion rate under age 20 (abortions per hundred live births to women < age 20)	STIs under age 20 (% share of newly registered cases of syphilis and gonorrhoea)
Armenia	34.6	13.2	19.2%
Georgia	40.4	12.2	9.4%
Republic of Moldova	43.6	40.9	17.3%
Romania	40.8	60.2	-
Russian Federation	33.8	128.2	17.0%

Source: United Nations Children's Fund, Innocenti Research Center, *Young people in Changing societies – The MONEE project CEE/CIS/Baltics; Regional Monitoring Report No.7, 2000. All data refer to 1998*

often lack access to health services, including sexual and reproductive health. Some have been or might be subject to female genital mutilation, and many rural-to-urban migrants and internally displaced people are without papers and unable to access any kind of medical assistance.

The UN Office for Drug and Crime Prevention estimates that more than 700,000 people globally are **trafficked** every year for the purposes of sexual exploitation, and the rates are growing fastest in Eastern and Central Europe. According to the International Organisation for Migration, the largest

groups of forced prostitutes in Austria and the Netherlands come from the Czech Republic.

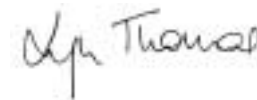
These individuals, mostly women and girls, have had their papers taken away, are obliged to have sex, often without condoms (because it generates higher income) and are at risk on a daily basis from violence, STIs and HIV/AIDS.

#### Facing the challenge

So, despite the fact that Europe can boast about positive achievements – such as the lowest infant and maternal mortality rates

in the world, the highest life expectancy, literacy rates and contraceptive use, as well as the highest levels of government spending on health – these statistics still only apply to a minority of its 800 million inhabitants. There are many millions of people whose health is being compromised, whose choices are severely limited and whose rights are not only denied, but often abused.

IPPF EN is working throughout Europe in an effort to redress these imbalances: to speak for those without a voice, to act as a bridge between people and policy makers, and to hold governments to account. We are meeting these challenges every day; what follows here are some examples of how we are doing it.



Lyn Thomas  
Regional Director  
IPPF European Network

# Health

*Improving the sexual and reproductive health of women, men and young people involves providing access to high quality family planning services, where they can get advice and counselling.*

*It also involves making sure that modern and affordable contraceptive methods are available, and that health workers are well-trained and have up-to-date skills and knowledge.*

*Advocates for good health policies are needed to ensure that the legal framework for sexual and reproductive health and rights is both comprehensive and directed at the needs of the population.*

The level of service provision by a Family Planning Association (FPA) depends to some extent on the availability of services within the national health systems or other structures in the country. Therefore, not all FPAs in Europe provide clinical services, but concentrate instead on providing information and advice, and the training of health professionals and educators.

In some Central and Eastern European countries, the growing demand for sexual and reproductive health services has not been met by governments. Where they exist, sexual and reproductive health services tend to be badly equipped, crowded, and follow a narrow medical



*Family planning and youth centre in Yerevan, Armenia*



model rather than one focusing upon client-centred care. In addition, some governments are pro-natalist and fail to see that poor family planning services are a major factor behind high abortion rates.

To meet this need, some FPAs have increased the number of service delivery points. In Armenia, for example, 2001 became a year of rapid expansion of services, with eight additional family planning clinics being established in five different areas. Six of these are managed in partnership with national and local authorities.

*FPAs are now working in over 75 service delivery points in Central and Eastern Europe.*

But the number of service delivery points would mean little unless the quality of the service can be guaranteed. Together with other regions of IPPF, we have embarked on a quality of care programme funded by the Gates Foundation. The project focuses on updating essential standards for the provision of reproductive health care, and

the implementation of systems for quality self-assessment and improvement.

### Vulnerable groups

We pay special attention to the needs of marginal and disadvantaged groups within society, such as refugees, internally displaced people, ethnic minorities and the poor.

The fact that these groups exist at the margins of society means that they often suffer from a complete lack of access to services such as clinics and health centres. Where these services do exist, they are often unaffordable, or don't address the special needs of these communities.

FPAs in the region are working hard to fill these gaps. Often, this has involved devising innovative and groundbreaking projects, providing services to communities where none existed before, and resulting in real improvements in the people's sexual and reproductive health.

The Roma people are the second largest ethnic minority group in Bulgaria. Their living conditions, unemployment rates and education levels are among the worst in the country. Before the *Bulgarian FPA* began work with this group, the sexual and reproductive health needs of the Roma people in Bulgaria were almost totally neglected.





*A Roma family planning centre in Bulgaria*

Involving the Roma people themselves was key to the success of the project. In addition to setting up clinics in three Roma districts, the FPA ran training sessions in sexual and reproductive health for teachers and health workers. Information directed specifically at the Roma people was distributed to increase the population's awareness of contraceptive choice and usage.

*The Bulgarian FPA's project 'Contraceptive and health choices for the marginalized Roma minority in Bulgaria' won the award for Best Project in the European Union's 'On the Edge of Europe' competition.*

This project is now being expanded to work with the Roma communities in Hungary, Moldova and Slovakia in partnership with the FPAs of these countries.

*"Until now there was no organisation working with soldiers' sexual health..."*

*They had a lot of questions about contraceptive methods."*

Georgian FPA Youth Committee Member

In another innovative project, the *Georgian FPA* began work with the border defence army in the Samtskhe-Javakheti Region. Many of the soldiers have little knowledge of hygiene and sexual health, and are vulnerable to high-risk sexual behaviour – commercial sex is widespread among people crossing the border. The FPA organised meetings with the soldiers to explain STI recognition and prevention, and distributed condoms and information on contraception.

## Youth

IPPF EN works to improve the sexual and reproductive health of young people, in particular through programmes aimed at preventing unwanted pregnancies and STIs, including HIV/AIDS.

Young people have the right to have access to high quality sexual and reproductive health services which address their emotional and sexual health needs. Experience has shown that the most successful services are those that involve young people in their design and implementation, and that accept teenage sexuality and teenage sexual behaviour.

Services should be private, confidential, affordable, non-judgemental and 'youth friendly'. Suitable, easily available and affordable contraceptive methods should

*Young founders of the Armenia Youth Forum*





*Team building exercise with participants of the Balkan project*

be provided to young people, including emergency contraception.

The *Albanian FPA* established two youth centres in Tirana and Shkodra city, which have become particularly popular with young people. By creating a youth-friendly environment and offering a variety of services – medical and non-medical – including internet, computer training, and a library, the centres have been able to attract young people who would be less likely to go to a centre that only dealt with family planning or reproductive health.

The Regional Office, together with the Albanian, Bulgarian and Romanian FPAs, is implementing an STI and HIV/AIDS

prevention project with young people in the *Balkan States*.

The project emphasises the link between sexual and reproductive health and the incidence of HIV infection. Its main objective is to improve young people's access to information and services on sexual and reproductive health and HIV/AIDS.



We believe that sexual and reproductive health services should be available to young people for reasons of:

- **HEALTH:** to safeguard their sexual health through access to comprehensive services;
- **CHOICE:** to have access to accurate information and education, to make free and responsible choices;
- **RIGHTS:** the right of young people to enjoy their sexuality and relationships.



### Access to contraceptives

It has been our priority to promote access to affordable contraceptives, particularly in Eastern Europe, which has some of the lowest contraceptive prevalence rates in the world.

Our subsidiary company *Enet* implements an innovative **social marketing programme**, and works with FPAs to provide affordable, high quality contraceptives.

The COOL condom brand is specifically targeted at 16-25 year olds, offering a high quality yet affordable product for a safe and healthy sex life. Care is taken to reach young people with images that appeal almost exclusively to them. The successful marketing programme resulted in COOL being adopted by young people as a lifestyle choice, almost a fashion statement.

*COOL condoms are now on sale in five countries in Eastern Europe. The brand is the market leader in Latvia, Estonia and Lithuania, with around 36% share of the total condom market. Since the condom social marketing programme started in 1997, more than 11 million condoms have been sold in Eastern Europe.*

### Training

Successful service delivery is dependent on the availability of well-trained health professionals, and FPAs are actively involved in increasing the skills and knowledge of health workers and educators. This can take different forms.

The *Danish FPA* developed a range of training courses and materials for professionals involved in abortion and contraception counselling, in the framework of the Danish Abortion Plan, a government initiative to reduce the number of induced abortions in the country.

The *Cyprus FPA* worked with the government to organise a series of workshops in sexuality education for primary school and high school teachers. In *Belgium*, the Flemish Ministry of





# Choice

*People need to know what their options are to be able to choose what's right for them. So having access to the right information at the right time is vital for women, men and young people to be able to make decisions over their sexual and reproductive lives. We believe that all people have the right to information and education on sexual and reproductive health, to ensure their health and well-being.*



## Publications and education materials

Thousands of leaflets, brochures and posters for young people, clients, service providers, teachers, community leaders and policy makers are designed, published and distributed by our FPAs each year.

*A recent survey of 11 Central and Eastern European FPAs revealed that in 2001 a total of 60 different types of materials were produced, with over 375,000 copies being distributed among the target groups.*



The Regional Office publishes *Choices*, an annual journal featuring contributions from experts in sexual and reproductive health. The 2001 issue focused on our advocacy experiences, with examples of successful campaigns for promoting sexual and reproductive rights. The *Russian FPA* translates *Choices* and organises distribution in Russia, Ukraine, Belarus, Moldova, Armenia, Georgia, Kazakhstan, Kyrgyzstan, Uzbekistan, Latvia, Estonia and Lithuania.

Most FPAs are also increasingly working with the media. The *UK FPA* ensured that the national press was well briefed during Contraceptive Awareness Week, which focused on dispelling the myths and misinformation that persist about emergency contraception. The *Albanian FPA* organised media campaigns with local TV stations and the national press. The *Czech FPA* has a regular popular radio programme, and the *Bulgarian FPA* began a project for a bi-weekly TV programme on ethnic minorities.



### Women of the World

Together with UNFPA, we participate in Face to Face, an international campaign to give a voice to the millions of women denied basic human rights and freedoms. In 2001, the *Regional Office* duplicated the 'Women of the World' photographic exhibition, originally developed by the *Spanish FPA*, for the purpose of touring around in Europe.

The exhibition was launched at the European Parliament in Brussels in March 2001, on the occasion of International Women's Day. Women of the World was shown in many parts of Europe during 2001, including London, Vienna, Strasbourg and Vilnius. The *Hungarian FPA* used the photos during the activities of World Population Awareness Week. The original version of the exhibition was shown in seven cities across Spain.

### Sexuality Education

Sexuality education is one of the most urgently needed forms of education for young people today. Improving young people's access to information is crucial if they are to be able to make responsible and informed choices with regard to their sexual and reproductive health. Silence doesn't mean less sex, only less protected sex.

*Participants in the Peer-Led Sexuality Education Project in Kazakhstan*



*“This project was very important, at least for me. I learned a lot about sexual life, about STIs, friends and even about myself. I know how to take decisions much more easily.”*

Participant in the Vision 2000 Peer Educators project, Tirgu Mures, Romania

The IPPF EN Field Office in Kazakhstan is leading a UNFPA funded peer-led sex education project in the Central Asian Republics. The FPAs of Kazakhstan, Uzbekistan and Kyrgyzstan organised national advocacy trainings and media workshops. They also created task forces and working groups. In December 2001, a series of regional and national youth conferences developed guidelines on family life and sex education, for presenting to Central Asian governments.

*Awareness raising in the classroom*



The Russian FPA is implementing a successful public-private partnership in collaboration with Procter and Gamble.

*Since 1997, the programme has reached almost 2.5 million girls and boys aged 12-13 in 165 cities throughout Russia. Educational booklets were distributed to approximately 675,000 parents in 2001 alone.*

The Lithuanian FPA took an innovative approach to preventing drug abuse by young people. The project ‘Look for friends, not for drugs’ was set up to prevent social exclusion, which can often lead to drug use. The FPA brought together parents, teachers and students, and educated them on communications, tolerance, self-awareness and confidence. The project used the same values and attitudes used in promoting healthy sexual relationships, applying them to the aim of drugs prevention. The project reached over 2,000 students through workshops in the secondary schools of two cities.



*The IPPF EN website is at [www.ippfen.org](http://www.ippfen.org)*

## Resources

The *Regional Office's* resource centre is a unique collection of specialised and up-to-date information on sexual and reproductive health issues. The centre supports the information needs of the staff and FPAs, as well as responding to enquiries from the media and other organisations.

We also launched our website, which provides access to a wealth of information on sexual and reproductive health and rights in Europe, including:

- an online collection of IPPF publications and policy statements



*The resource centre at the Regional Office in Brussels*

- a country-by-country analysis of abortion legislation in Europe
- links to sites on key issues such as abortion, female genital mutilation, reproductive rights and contraception
- details of our activities in promoting sexual and reproductive health and rights in Europe

### **Promoting a sustainable network**

As financial resources for programmes and projects in Eastern Europe become more scarce, we are making every effort to ensure FPAs have the financial and organisational strength to continue their vital role in advancing and protecting sexual and reproductive health and rights.

The challenge for FPAs is to build self-sustaining programmes whilst being able to continue to provide the same quality and volume of services, as well as manage financial and organisational resources more effectively.

Workshops and experts in sustainability are helping FPAs to design strategies for ensuring their development as the leading organisation in sexual and reproductive health and rights in their country.

# Rights

*Sexual and reproductive health is a basic human right. This right is enshrined in international human rights conventions.*

*It includes the right to life, to equality, privacy and freedom of thought, to information and education, and to choose whether or when to have children.*

*Not all governments respect these rights; not everyone is aware that they exist.*

*Through our advocacy work, we ensure that women, men and young people know what their sexual and reproductive rights are, and that they have the means to exercise them.*

## **Breaking down the barriers**

Political and legal barriers to the provision of a full range of sexual and reproductive health care services still exist in some European countries. This may be reflected in, for example, outdated legislation that lacks the provisions necessary for comprehensive reproductive health care or sexuality education; or resistance to the organisation of civil society through the development of NGOs. We are active all over Europe in pressing for legislative improvements.



*An FPA publication on abortion legislation and methods*

The *French FPA* was instrumental in securing a revision of the **abortion** law, which extended the period permissible for abortions from 10 to 12 weeks into pregnancy, and also gives a pregnant girl under the age of 16 the right to ask for an abortion without parental consent.

In *Portugal*, 2001 was marked by the start of the major trial on abortion in which 27 people were accused of being part of an illegal abortion network, and 17 women were accused of having had an abortion. The trial highlighted the consequences of the restrictive abortion legislation in the country. The event brought about a re-opening of the debate on abortion, and the need for a change in the law, for which the FPA is actively fighting.

The *FPA of Northern Ireland* won the first ever Judicial Review of the medical practices relating to abortion and the provision of abortion services in Northern Ireland. The law governing abortion in this part of the United Kingdom is unclear, resulting in confusing and inconsistent medical practice. The FPA asked the courts to rule that it is the duty of the Department of Health, Social Services and Public Safety to ensure all

*“Illegal and unsafe abortion is one of the main problems in reproductive health in Portugal today. The fact that abortion is considered a crime penalises the health and dignity of women.”* Duarte Vilar, Executive Director APF

women in Northern Ireland have equal access to abortion services.

2001 was a breakthrough year for **emergency contraception**. In many countries, FPAs played a major role in the increased accessibility of the morning-after pill. The FPAs in *Belgium, Denmark, France* and *Portugal* successfully advocated for its over-the-counter sale. In *Spain*, the FPA has been the reference organisation for the defence of this drug, and for training health professionals in its use.

The *Albanian and Moldovan FPAs* played central roles in drafting new **national laws on reproductive health**. The Slovak FPA has been active in raising the alarm over a recent agreement between the government and the Catholic Church. The so-called Vatican Agreement gives the Church unprecedented access to

the media and influence on religious education in schools, as well as restricting the availability of abortion services.

### The International Arena

A development in 2001 that has had far-reaching implications for sexual and reproductive health throughout the world was the decision by US President Bush to re-instate the Mexico City Policy, also known as the Global Gag Rule. Under this policy, NGOs must first certify that they will not use any funds (US funds or their own non-US funds) in abortion-related activities in order to receive USAID assistance. ‘Abortion-related activities’ does not just refer to the provision of clinical services, but includes other areas such as education, information, counselling and advocacy work. The ruling has had serious financial implications for IPPF, which lost \$8 million, and repercussions on the work of FPAs.

Upon the re-introduction of this policy, we acted immediately to try to overturn the funding ban, working with European policy makers to find ways of counteracting its negative effects.



Some European donors reacted positively by providing additional funds.

*Through the Inter-European Parliamentary Forum on Population and Development (IEPPFD), a petition was launched which won the support of 250 parliamentarians in over 20 European countries, calling on European governments to counter the effects of the Mexico City Policy. We also worked with the Equality Committee of the Parliamentary Assembly of the Council of Europe on its declaration denouncing the Mexico City Policy.*

## A Reproductive Rights Watchdog

IPPF EN is playing an active role in monitoring the implementation of the **ICPD Programme of Action** (International Conference on Population and Development, 1994), and reminding European governments of their funding commitments for sexual and reproductive health.

One example of work at this level is the **DAC Watch Project**, which produces independent 'shadow reports' of member countries of the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD). These reports look at a country's development performance, with specific

reference to policies and budgets with regard to sexual and reproductive health.

*In 2001, we produced Shadow Peer Review Reports on Belgium, Portugal, the Netherlands, Germany, the UK and Spain, with specific recommendations on how a donor country may better integrate sexual and reproductive health and rights in its development cooperation policy. The reports have proved to be excellent advocacy tools, and have brought interest from research institutes, private donors and parliamentarians.*

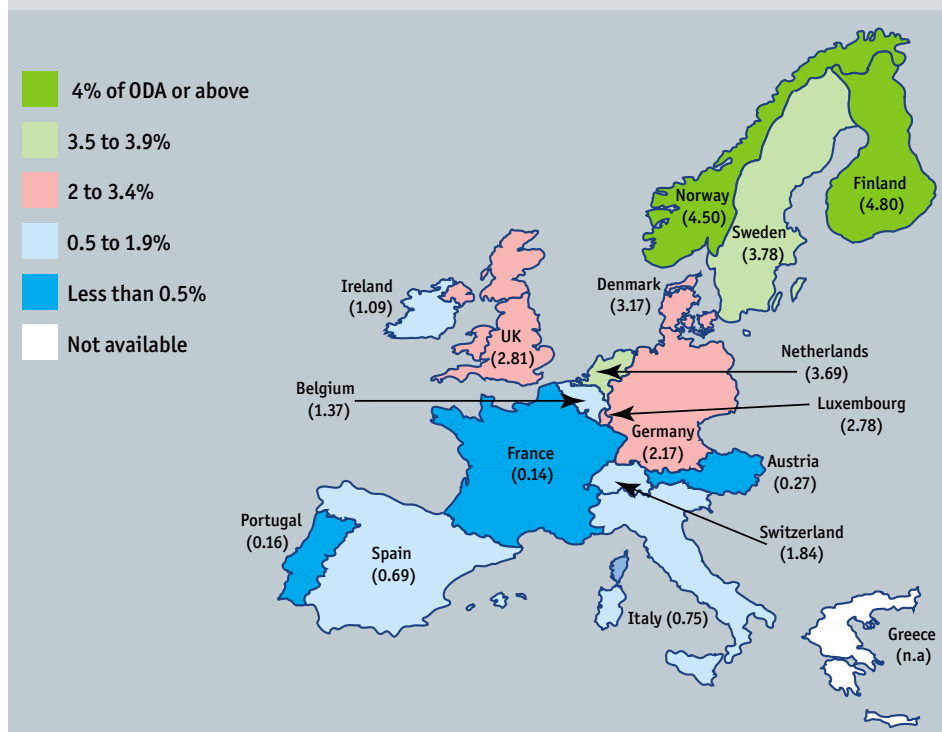


*Workshop on the Cotonou Agreement with participants from FPAs in ACP countries, Tunis 2001*

Through the **Cotonou Watch** programme, we are monitoring the implementation of the European Union's Partnership Agreement on development cooperation with Africa, the Caribbean and Pacific. For this, the Regional Office works with relevant institutions and NGOs in Brussels and with the FPAs in the countries concerned in order to raise their awareness of the provisions of the Agreement.

FPAs are also active in the monitoring of their governments' compliance with international human rights conventions. For example, the *Lithuanian* and *Albanian* FPAs produced 'shadow' reports to supplement the report of their respective governments to the 23rd session of the UN Committee on the Elimination of All Forms of Discrimination against Women (CEDAW).

### Western Europe: Total Contribution to Sexual and Reproductive Health as a Percentage of Overseas Development Assistance (ODA) in 1999\*



\* Figures from NIDI Institute - Netherlands in 'Report On financial resources flows for population activities' 1999



*European parliamentarians meet the President of the Russian Federation's State Duma during IEPFPD Council Meeting, Moscow 2001.*



## Policy Makers

We work with members of parliament at European and national levels via our Parliamentary Programme. The *Regional Office* helps FPAs to create and support all-party parliamentary groups on population and development. These groups are powerful advocates for supporting sexual and reproductive health programmes in a national and international context.

The *Russian FPA* and the Regional Office organised exchange visits between the UK and Russian parliamentary delegations.

The aim of these visits was to develop and improve cooperation between both parliaments on issues of population, development, public health and, in particular, reproductive health for women and young people. Russian deputies met with members of the UK All-Party Parliamentary Group on Population, Development and Reproductive Health – a meeting which became the basis for the creation of the Duma Commission on Population, approved in April 2001.

National all-party parliamentary groups are members of the Inter-European

Parliamentary Forum on Population and Development (IEPFPD), for which the IPPF EN Regional Office provides the secretariat.

*Through the IEPFPD, a Europe-wide network of parliamentary activity has been established. All-party parliamentary groups on population now exist in 12 countries, and there are intensive contacts with parliamentary forums in other parts of the world. In 2001, 548 parliamentarians from 39 countries were active on sexual and reproductive health and rights issues at the national or international level.*

## Partnerships

IPPF EN works in partnership with many other organisations. In this way, we are not only able to pool expertise with others, but also create alliances and platforms in order to increase the effectiveness of our advocacy work.

For instance, the *Albanian FPA* is a founding and active member of the newly established Coalition Against Trafficking of Human Beings, with the main objective of tackling the problem of trafficking of women and preventing the spread of STIs and HIV/AIDS.

A Civil Platform on Population and Development was established in *Belgium* to focus on the implementation of the ICPD Programme of Action within the framework of Belgian development cooperation. During the Belgian Presidency of the EU, the platform organised the International Conference on Sexual and Reproductive Health and Rights and Development Cooperation.

Some FPAs in Western Europe have programmes in developing countries. The *Danish FPA* is involved in India, Pakistan, Vietnam and the Philippines in a project

called 'A Regional Programme for Promoting and Securing Women's Health and Rights Post Cairo and Beijing'. The *Swedish FPA* runs a project with the FPAs of Tanzania and Zambia aimed at reducing the number of unwanted pregnancies and the spread of HIV and other STIs.



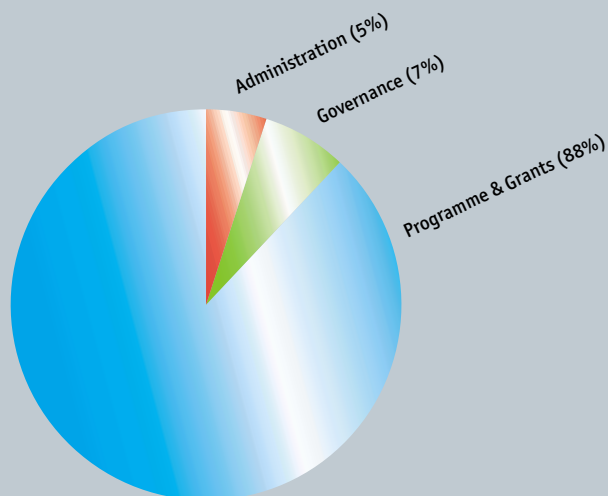
### The Regional Office participates in many ad hoc groups and has formal links with the following intergovernmental organisations and networks:

- Council of Europe
- World Health Organisation STI Task Force
- World Health Organisation Regional Advisory Panel
- *Entre Nous* Editorial Board
- Face to Face International
- European Public Health Alliance
- Platform of European Social NGOs
- Inter-European Parliamentary Forum on Population and Development (IEPPFD)
- European NGOs for Sexual and Reproductive Health and Rights, Population and Development (EuroNGOs)

# IPPF European Network Financial Statements 2001

*This financial statement represents a summary of the 2001 income and expenditure of the Regional Office, IPPF European Network, and the Family Planning Associations (FPAs) in the region. These are not the statutory accounts. Copies of the audited annual accounts of IPPF are available from IPPF, Central Office, Regent's College, Inner Circle, Regent's Park, London, NW1 4NS, UK.*

## 2001 IPPF EN expenditure



## Budget

In 2001, core funding to the Regional Office and grants to FPAs was US \$3.2 million. Of this, \$2.9 million was provided by IPPF, and \$0.3 million came from regional funds.

The total budget of IPPF EN in 2001 was in the region of \$6.7 million. It represents an increase of 8% of the total income of the region. The proportion of restricted funds (52%) in IPPF EN's total budget increased in 2001. Main donors included the European Commission, Hewlett Foundation, UK Department for International Development (DfID), UNFPA, Wallace Global Foundation, Wallace Gerbode Foundation, Gates Foundation, Rockefeller Foundation, USAID, the IPPF Netherlands Trust Fund and Vision 2000 Fund.

## Income

48% of IPPF EN funding in 2001 came from core funding and 52% from restricted funds.

## Expenditure

The IPPF provides core funding to some 20 associations in Eastern and Central Europe, and supports projects in other countries throughout the region.