



**FOCUSING ON THE FIVE AREAS OF GREATEST NEED**

**AIDS • ADVOCACY • ADOLESCENTS • ABORTION • ACCESS**

**The International Planned Parenthood Federation European Network** is one of the six regions of the International Planned Parenthood Federation (IPPF), a worldwide body of 147 national member associations working in the field of sexual and reproductive health and rights. IPPF is the world's largest voluntary organization in the field of sexual and reproductive health and rights, founded in Bombay in 1952.

The IPPF European Network (IPPF EN) is a distinctive group of 39 membership-based associations in as many countries in Europe, as well as the regional office in Brussels, Belgium, which are committed to ensuring that the sexual and reproductive health needs of 800 million women, men and young people in Europe are met with adequate programmes and policies.

### Vision

IPPF European Network envisions a world where every individual is healthy; where sex and sexuality are recognized as fundamental and precious parts of human life; where sexual and reproductive choices are respected; and where diversity is valued and celebrated.

### Values

IPPF EN believes that sexual and reproductive **health** is integral to an individual's physical, mental and social well-being.

IPPF EN is committed to ensuring that every individual has the opportunity and the power to make a personal and informed **choice**, free of coercion, on any matter relating to her or his sexual and reproductive life.

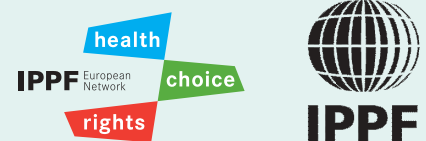
IPPF EN is committed to every individual having the moral and legal **right** to dignity, sexual autonomy and bodily integrity and the right to access the highest quality sexual and reproductive health services.

IPPF EN fully recognizes the tough reality for the poor, vulnerable, marginalized and socially-excluded and the need to change existing power relations in order to eliminate **gender** biases and inequalities that influence women, men and young people's health, choice and rights.

IPPF EN is a democratic organization based on volunteer activism and leadership in the pursuit of its mission.

### Mission

To advance the basic human right of all people to make free and informed choices in their sexual and reproductive lives; and to fight for the accessibility to high quality information, education and health services regarding sexuality and sexual identities, conception, contraception, safe abortion and STI/HIV/AIDS.



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## Keeping Our Eyes on the Five 'A's

In 2003, as Europe prepared for EU enlargement, IPPF European Network prepared, too: by redefining our priorities, expanding our membership (into Kyrgyzstan and Bosnia and Herzegovina) and responding to the changing sexual and reproductive health needs of a wide and diverse region.

At the Federation level, IPPF developed a new Strategic Plan that outlines the priorities and direction of the Federation for the next five years. This renewed strategic direction enables IPPF to focus resources on the five areas (the five 'A's) of greatest need in the field of sexual and reproductive health and rights:

- **A**dolescents
- **A**ccess (to services)
- **A**bortion
- **A**IDS (and HIV)
- **A**dvocacy

Under the leadership of Vicky Claeys – the European Network's new Regional Director – the European Regional Office and each of the member associations developed their own strategic plans, which are responsive to the specific needs of Europe and each individual country. In addition to the new Strategic Plan, IPPF has put in place new reporting systems that enable the organization to effectively report back to donors on achievements and successes in each of the five areas.

In honour of the new IPPF Strategic Plan, this year's Annual Review will highlight a sampling of the work of the European Network in each of the five key areas. It features stories about sea, sun and safer sex in the Greek Islands; 30 years of safe abortion in Denmark; HIV/AIDS education with sex workers in Uzbekistan; political advocacy victories in France; and much more.

In addition, you can read about the activities of the Regional Office, which carried out a variety of successful advocacy campaigns and regional projects that made an impact on the sexual and reproductive health and rights of people in Europe and around the world. You will also find financial highlights and information about the policy statement on Voluntary Surgical Sterilization adopted at the 2003 Regional Council.

The achievements of the IPPF European Network in 2003 were born from the solid commitment and hard work of our volunteers, staff, donors and partners. Persevering in the face of funding cuts and increasing opposition in Europe, these individuals and organizations are propelling the movement forward with their energy, creativity and belief in the importance of health, choice and rights. To them we owe heartfelt thanks and unending support for another fruitful year.



A blue ink handwritten signature of Carine Vrancken, written in a cursive style.

Carine Vrancken  
Regional President

# Looking at the Tough Reality of Health, Choice and Rights in Europe

Last summer, IPPF European Network's Regional Director, Vicky Claeys, visited a state-run reproductive health clinic in Armenia. The building, she said, was cold and damp, with paint peeling from the walls and plumbing that was exposed and visibly deteriorating. Most disturbing, however, was a filthy, closet-sized room that the medical staff used to sterilize medical equipment before exams and procedures.

Because of a difficult financial situation, the Armenian government currently has limited funding for health infrastructure improvements. So the IPPF member association in Armenia (the Armenian Association for Family and Health) provides services and undertakes projects to help improve the quality of and access to sexual and reproductive health services.

In other countries in Central and Eastern Europe and Central Asia, lack of funding and, in some cases, lack of government support means that women have little choice but to use facilities like the one described above when they need a gynaecological exam, surgery, contraceptives or other reproductive health procedures.

It is this reality, and the reality of hundreds of thousands of people who do not have access to sexual and reproductive health information and quality care, that motivated IPPF European Network's work in 2003.

## Europe's East-West Diversity of Needs

While Europe is often perceived as homogenous and affluent, with well-developed social and health care systems, this is only consistently true in Western Europe. The economic hardship and crumbling infrastructures of the post-Soviet period persist in many parts of Central and Eastern Europe and Central Asia. In many areas, health facilities have inadequate equipment, a shortage of supplies and medicines and a severe lack of correct information about modern medical practice.

The sexual and reproductive health situation in Europe as a whole varies dramatically. For example, in Western Europe there was a

disturbing increase in HIV infection rates in 2003, particularly in Spain and Portugal. This, however, pales in comparison to the figures in Central and Eastern Europe and Central Asia, which have the fastest-growing HIV infection rate in the world.

Abortion rates in Europe range from some of the lowest in the world to some of the highest. Russia, for example, has a record-high level of 1,416 per 1,000 live births, ten times higher than in Western Europe. Romania and Estonia follow close behind. Many women in these countries still must rely on abortion as a method of fertility regulation due to a lack of information about and access to modern contraceptives.

## Escalating Opposition and Decreased Funding

Reinstatement of the Global Gag Rule<sup>1</sup> continues to hamper the efforts of IPPF and other organizations working to bring reproductive health services to everyone who needs them. And while EU enlargement has the potential for improving conditions in the accession countries, the European elections are predicted to bring additional conservative parliamentarians into EU governance. This raises serious concerns that progress made toward lowering rates of sexually transmitted infections, abortion and teenage pregnancy in Europe could be slowed down or even reversed.

The lack of choice faced by so many people in Central and Eastern Europe and Central Asia, and the growing opposition to sexual and reproductive health and rights throughout the region, illustrates the increasing need for the work of civil society organizations like IPPF European Network, which is as dedicated as ever to protecting and providing health, choice and rights for every individual. This Annual Review highlights a selection of our 2003 activities focused on AIDS, Advocacy, Adolescents, Abortion and Access, which made a difference in peoples' lives.

<sup>1</sup> The Global Gag Rule (commonly known as the Mexico City Policy) was imposed by the US in 1984 and re-imposed in 2001 by President George W. Bush. It restricts foreign non-governmental organizations (NGOs) that receive U.S. family planning funds from using their own, non-U.S. funds to provide legal abortion services, lobby their own governments for abortion law reform, or even provide accurate medical counselling or referrals regarding abortion.

# HIV/AIDS

HIV/AIDS

## Pre-empting Europe's Emerging



▲ Bosnia and Herzegovina

Because of the availability of antiretroviral drugs, people with HIV infection are living longer and healthier lives in Europe. And in 2003, the rates of people with AIDS in the region were still low in global terms. However, Eastern Europe and Central Asia are experiencing the world's fastest-growing rate of HIV infection – and this trend shows no signs of abating. Western European infection rates also rose unexpectedly, and rates of other sexually transmitted infections (such as syphilis), which increase a person's vulnerability to HIV infection, increased in some countries.

Overall, increasing rates of HIV infection throughout Europe became most apparent among vulnerable, marginalized and socially-excluded groups, including migrants and refugees, sex workers, men who have sex with men and injection drug users.

# Epidemic



▲ Kyrgyzstan

## We brought prevention and care to communities vulnerable to HIV infection

In the communities that are most vulnerable to HIV infection – among refugees, sex workers, injection drug users and many marginalized and socially-excluded populations – our member associations carried out prevention, care and educational projects aimed at making information and affordable, high-quality services accessible to those who need them.

## We worked to overcome the stigma and discrimination that contributes to the spread of HIV

Stigma and discrimination are critical factors in the spread of HIV and the suffering of people living with HIV and AIDS. Many of our projects are designed to increase understanding of and reduce HIV/AIDS-related discrimination and the stigma that causes it.

## We increased access for all by integrating HIV/AIDS prevention and care into sexual and reproductive health programmes

Through integration, IPPF's network of sexual and reproductive health centres made information and health services – including, in some cases, HIV/AIDS testing and counselling – more accessible. The further integration of HIV/AIDS prevention and care into existing sexual and reproductive health programmes and services is a priority for IPPF European Network.



## Merging Sexual Health Services with HIV/AIDS Care in Belgium

The former association of family planning centres in (Flemish) Belgium (CGSO Trefpunt) made a pioneering step in efforts to integrate HIV/AIDS prevention and care with sexual and reproductive health and rights services in 2003. It merged with Sensoa, an organization focused on sexually transmitted infections (STIs) and, in particular, HIV/AIDS. The new organization is also called Sensoa, which refers to the link between sexuality and STIs (SOA in Dutch). Its objective is to promote sexual health, with particular attention to the quality of life of people who have HIV/AIDS.

Sensoa operates from three locations (Antwerp, Ghent and Brussels), has a staff of more than 50, is divided into six operational units, and co-operates in five programmes targeted at adolescents, adults, gays/lesbians/bisexuals, migrants and people living with HIV. Sensoa is the adviser of the Flemish Ministry of Health with regard to sexual health issues.

In addition to its sexual and reproductive health services, Sensoa is active in HIV/AIDS prevention, care and treatment. Prevention activities are taken up by different programmes as well as the AIDS and STI Hotline. Care is offered by a number of services of the Living with HIV Unit, including individual counselling, a buddy system, HIV-cafes and a hotline for family members.

In 2003, Sensoa launched the HIV prevention campaign 'Facing Facts' with flyers, postcards, posters and a Web site to target men who have sex with men. For World AIDS Day, Sensoa produced radio and TV spots focused on stigma and discrimination, which were broadcast by a Flemish public radio and TV channel and all local TV stations. Sensoa also offers financial emergency support for people living with HIV through its 'Care for AIDS' Fund.



## Getting the HIV/AIDS Message to Cabaret Artists and Bar Women in Cyprus

The Cyprus Family Planning Association (CFPA) offers the project 'AIDS Education for Foreign Artists', which provides education about safer sex and HIV/AIDS to women who predominantly work in Cyprus as cabaret artists and bar women. Most of the women are from Russia, so CFPA hosts weekly discussions in their mother tongue and provides free condoms as well as written information on safer sex in Russian and English.

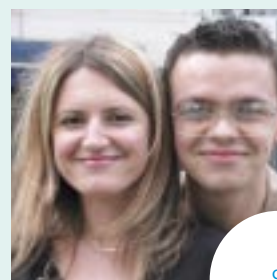
In 2003, a purse/make-up bag was designed specifically for the participants that included a safer sex message in Russian and a contact telephone number. This annual project is financed by Cyprus's National AIDS Fund.



▲ Poland

### *Sweden, Lithuania, Latvia and Estonia*

*The Swedish International Development Agency (SIDA) funded the project 'HIV/ AIDS prevention through improvement of sexuality education and sexual health services for adolescents in the Baltic countries'. This project was implemented collaboratively between Latvia's Association for Family Planning (LAFPSH), Family Planning Association of Estonia (FPAE), Lithuanian Association for Family Planning and Sexual Health (FPSHA) and Swedish Association for Sexuality Education (RFSU). It aimed to improve sexual health among youth by improving sexual health education in the school system and creating grounds for sustainable supporting activities for sexual health education in the Baltic countries.*



# Advocacy

Advocacy

## Recognizing the Importance of



▲ Denmark



Conservative forces became even more active in 2003 with court cases and legislation that threaten the right to abortion, a growing anti-choice presence in the European Institutions and decreased funding for meeting the goals of the International Conference on Population and Development (ICPD) Programme of Action.

As the European Union prepared for enlargement, countries with strong links to the Vatican and the US began to systematically undermine sexual and reproductive health services and rights.

Additionally, the Global Gag Rule continued to affect funding for reproductive health programmes. Since Europe hosts many of the world's largest donors to international development, advocacy in the region remained critical to the protection of health and rights on a global scale.

# Getting Political



▲ Portugal

## We actively defended sexual and reproductive health as a basic human right

Increasing the recognition that sexual and reproductive rights are human rights is an ongoing challenge – one that IPPF European Network considers a vital aspect of its work. In 2003, this meant strategic advocacy campaigns, as well as close monitoring of national, European and international legislation and of political leaders at all levels.

## We challenged opposition forces

Throughout the region, IPPF member associations were a strong voice in governmental forums and in the press in support of funding and legislation for sexual and reproductive health and rights. This included speaking out against the dangerously restrictive Global Gag Rule and helping to keep the Programme of Action of the ICPD a priority.



fpa UK's display at the 2003 Labour Party Conference ▲

## Putting Health and Rights on the Agenda in Portugal

Portugal was in the spotlight in 2003 when seven women were arrested for having abortions, along with their doctor, clinic staff, husbands and boyfriends. With one of Europe's most restrictive abortion laws and strong conservative forces in government, advocating for sexual and reproductive health and rights in Portugal is a challenge.

Despite these conditions, the Portuguese Family Planning Association (APF) implemented a multi-faceted advocacy campaign for sexual and reproductive health and rights. The success of their efforts is evident in the press, the political agenda and among national forums in Portugal.

In 2003, APF:

- delivered speeches to Portuguese parliamentarians
- raised queries with the government on reproductive health and rights issues
- wrote opinion articles and granted interviews to the media
- made suggestions for the National Plan on Equality of Opportunities and the National Plan against Domestic Violence.

APF's strong advocacy role in their country goes beyond their own borders. It resulted in Portuguese Parliamentarians, both in the European Parliament and European Council, becoming more active on sexual and reproductive health and rights issues in developing countries. Partly as a result of APF advocacy, Portugal increased its contribution to UNFPA by 60% and introduced some issues of sexual and reproductive health, eradication of poverty and sustainable development in cooperation programmes.



### Albania

*To support women candidates during the 2003 local elections, the Albanian Family Planning Association (AFPA), in collaboration with Womankind Worldwide, organized meetings with community representatives in the districts of Vlora, Fieri, Rogozhina and Elbasan as well as meetings with media representatives and TV programmes that helped create media support and visibility for women candidates. A poster was also designed, published and distributed in all relevant districts.*

## Advocating for an Increase in AIDS Funding and an End to Restrictive Legislation in France

The French member association (MFPF) carried out strategic advocacy activities at the national, European and international levels in 2003, making a strong impact on political agendas and enlightening politicians, the media and the general public about the importance of sexual and reproductive health and rights.

At the national level, MFPF organized a meeting between UNFPA, IPPF and the French Parliamentary Delegation on Women's Rights, after which the President of the delegation agreed to share information about the organizations, as well as issues related to ICPD+10, with ministers from the Delegations on Health and Foreign Affairs.

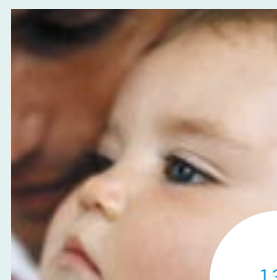
The association also ensured that HIV/AIDS was a priority on the agenda at the G8 Summit held in Evian in June 2003 by organizing a large-scale campaign. As a result, French officials announced a tripling of foreign aid for HIV/AIDS, as well as the intent to mobilize their EU counterparts to increase AIDS funding. Also, the association gathered 150 signatures from French and international organizations for a statement in support of increased HIV/AIDS funding.

At the European level, MFPF helped prevent the adoption of restrictive legislation related to embryo research in the Parliamentary Assembly of the Council of Europe by informing French representatives about the potential implications of the legislation for women's rights and abortion rights.

At the international level, MFPF, in partnership with women's associations, implemented projects for reducing sexual and reproductive health risks in Burkina Faso, Cameroon and Madagascar.

### **Ireland**

*The Irish Family Planning Association (IFPA) teamed up with a group of Irish NGOs and groups working with migrant women to tackle the issue of female genital mutilation (FGM). They drafted a progressive and comprehensive bill to outlaw the practice of FGM and held meetings with Department of Health officials to discuss the necessity of funding a sensitive information campaign on the issue for both health care professionals and communities at risk. In 2004, IFPA will try to convince the government to move on the issue.*



# Adolescents

Adolescents

## Inspiring a Generation that is Safe,



Half of all people who become infected with HIV today are between the ages of 15 and 24<sup>2</sup>, making HIV an epidemic of the young. And in many countries, including some in Western Europe, rates of other sexually transmitted infections are on the rise among youth. Teenage pregnancy, lack of knowledge about or access to modern contraceptives and high rates of abortion among adolescents are all issues that must be addressed throughout Europe.



▲ International AIDS Day 2003, Kyrgyzstan

# Healthy and Involved



## We trained hundreds of peer educators in Europe and Central Asia

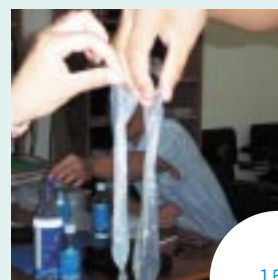
Member associations held peer education workshops in dozens of countries. Safer sex, HIV prevention, proper condom use, negotiating skills and confidence-building were some of the key lessons that young people took away from the trainings, and then shared with friends, who shared with their friends, and so on. The result is a population of young people who are better able to make informed choices about their sexual and reproductive lives and relationships.

## We inspired young people to get involved in protecting their health and life and that of their peers

Young people are at the heart of IPPF European Network activities – not just as beneficiaries, but as the architects of youth programmes, groups and initiatives. They are consulted for their expertise in knowing what they need, how they best receive information and how to create a healthier, happier future for all young people.

## We provided counselling and access to contraception to tens of thousands of young people

IPPF European Network staff and volunteers found hundreds of different places and ways to deliver essential – and in some cases life-saving – sexual and reproductive health information to young people, whether during school visits or one-on-one clinic counselling, or at bars, discos or rock festivals. They also created youth-friendly ways to provide young people with access to contraceptive services.



## With Ingenuity and Enthusiasm, Young Volunteers Confront Big Challenges in Kyrgyzstan

Founded and run exclusively by young people, the Chu Branch of the Reproductive Health Alliance of Kyrgyzstan (RHAK) is a dynamic and inspiring group of students and young professionals that is building on the already well-respected reputation of RHAK in Kyrgyzstan.

Based in the capital city of Bishkek, the Chu Branch operates on an absolute minimum of funding. Its tiny office is without electricity from 7pm until morning, and when they demonstrate proper condom use, volunteers rely on a tape-wrapped marker to simulate a penis. Yet the group is making a profound impact on the sexual and reproductive health and awareness of people in their economically-challenged nation.

To celebrate World AIDS Day 2003, the Chu Branch volunteers spread out around their region – from the centre of Bishkek to small outlying villages – to carry out simultaneous awareness-raising activities over a period of a week. Some volunteers visited open markets to pass on information and hand out condoms, while an AIDS prevention message they recorded aired over the public address system.

Other Chu Branch volunteers taught street children about puberty and health at the Centre for Protection of Children, and then trained several of the children as peer educators so they could help their friends.

Still other volunteers visited small villages that have large refugee populations. One such village, Budenovka, population 3,000, already had 17 reported cases of HIV infection in 2003. This is an indication of how the fastest-growing HIV infection rate in the world is affecting even the most unsuspecting small pockets of Kyrgyzstan, and how important the work of RHAK is to the health and stability of the country.



### Finland

*Väestöliitto, the Finnish member association, created a CD-ROM especially for young adolescent boys entitled 'Sex ABC - Secret Files of Doctor Zukovski'. It teaches about sex and sex-related matters in a humorous but factual way with animations, a quiz, a series of newspaper columns, Web site links, a 'sex database' for students and prepared lectures for teachers. The plot of the CD is based on the 'multi-level science fiction sex research method', developed by the fictive Dr. Zukovski. It is designed to raise the level of knowledge of the viewer and strengthen self-confidence and the ability to make decisions.*

## 33,000 Young People Get Help from the IPPF Association in Spain

More than 33,000 young people in Spain contacted the Spanish Family Planning Federation (FPFE) in 2003 through its Young People's Contraceptive and Sexuality Centres in Madrid, Barcelona, Albacete and Santiago de Compostela. In addition to basic sexual and reproductive health services, several of these centres offer specific support advice on HIV prevention for young people. This special service delivers psychosocial support to clients while also informally evaluating those who are most at risk for HIV infection.

During 2003, the Young People's Centres also hosted workshops for young people in Catalunya, Albacete and Santiago de Compostela about sexual health issues. Many of these were held in secondary schools and institutes, and worked to promote self-esteem and increase knowledge on sexual and reproductive health issues among teenagers.

### **Greece**

*The Greek member association's Youth Team hosted its annual information campaign for young people in the Greek Islands in July 2003. Aiming to reach the large number of young people from all over the world who visit the Greek Islands every summer for the sea, sun and parties - many of whom have differing cultural attitudes about sexual health and safer sex - the Youth Team provided informational materials and advice at key locations, including outside night clubs and other places where young people gather.*

### **Switzerland**

*The proposal by the Swiss member association, PLANeS, and Swiss AIDS Federation project to set up a national competence centre for sexual education and HIV/AIDS prevention in schools was accepted by the Swiss Federal Office for Public Health. The joint implementation of the program was started in the autumn of 2003, and PLANeS is in charge of coordinating the project in the French-speaking parts of Switzerland.*



# Abortion

Abortion

## Protecting the Right ... while



In many European countries, it is becoming increasingly difficult to find affordable contraceptives, sexuality education and safe abortion services due to conservative political and religious forces. This is leading many women to undergo illegal and unsafe abortions, at great risk to their health and lives. When women do request a legal abortion, there are more and more cases of doctors refusing to perform the procedure or to refer the client elsewhere.

Currently, the issue of abortion has become one of the most contentious in negotiations surrounding the EU constitution and the accession countries, especially Poland.

# Helping Prevent the Need



▲ Armenia

## We advocated for women's rights to control their own fertility, including getting safe abortion on demand

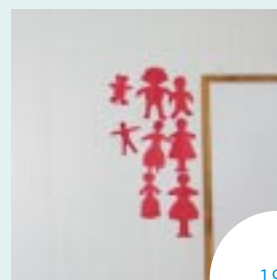
Our member associations support the right of every woman to get a safe abortion and take steps to ensure that women receive adequate post-abortion and contraceptive counselling so that they can make informed choices about their fertility. We also work to ensure the quality and safety of abortion services in every country in Europe and Central Asia.

## We made clear that sexuality education and access to contraceptives are the best ways to reduce the need for abortion

Through media work, public education events and meetings with government officials, including national and European parliamentarians, we raised awareness about the link between information, education, the availability of affordable contraception and the universal wish to reduce the need for abortion.

## We provided a strong voice against growing opposition to abortion rights

IPPF European Network countered the growing opposition forces in Europe with strategic advocacy campaigns and by monitoring the activities of legislative bodies with regard to abortion legislation and funding for sexual and reproductive health.



## Success Under Pressure – Marking 30 Years of Legalized Abortion in Denmark

June 2003 was the 30<sup>th</sup> anniversary of legalized abortion on request in Denmark, and the Danish member association Sex & Samfund marked the event with a conference in the Parliament called '30 Years of Abortion on Request – A Success Under Pressure'.

In 2003, the rate of induced abortions in Denmark was at its lowest in nearly 30 years. This is an indication of the positive effect that abortion rights legislation can have on women's health and of the unswerving efforts of Sex & Samfund to keep abortion safe and legal in Denmark.

The conference brought together a large number of government leaders and other figures active in the sexual and reproductive health and rights movement. Among them, two recurring themes were evident:

1. The best way to bring down the abortion rate is to provide comprehensive quality sexuality education.
2. Organized opposition to abortion is surging in the USA and Europe, even in Denmark, so we must be alert and active.

Both the conference topics and the conference itself received extensive media coverage. As a result, the 'Kristeligt Dagblad', a Christian daily focusing on faith, ethics and existence, commissioned a Gallup Survey on Danes' views about abortion on request. The survey showed that:

- 92% of the Danish population support abortion on request
- 84% believe that more sexuality education and counselling are needed to reduce the number of induced abortions.

In a subsequent debate, all parties, with exception of the Christian Democrats, expressed their support of abortion on request.



### **Poland**

*Because abortion is illegal in Poland - and there are no signs of this changing - the Polish member association TRR plays an important role in protecting the sexual and reproductive health of Polish women by providing emergency contraception. It is the only legal method that can be used in situations of unwanted pregnancy in Poland. In 2003, TRR provided 796 emergency contraception procedures.*

## No More ‘Knitting needles, Chloroquine or Bic pens’ – Improving Safe Abortion Access for Non-Swedish Women in Sweden

Abortion is legal in Sweden. But because of the vastly different rights and access to abortion in other European Union countries, the Swedish Association for Sex Education (RFSU) took up the issue of non-Swedish women’s right to obtain abortions in Sweden. In 2003, RFSU carried out a variety of activities to stir debate, improve awareness and work toward a legislative change that would ensure this right for all non-Swedish women, including those living in countries where reproductive health and choice is not a government priority.

Prior to Sweden’s General Election in late autumn 2002, RFSU distributed a Manifesto stressing important issues to be considered by Sweden’s political parties, including a change of the Abortion Act that would give non-Swedish women the right to have an abortion in Sweden. The All-Party Parliamentary Group on Sexual and Reproductive Health and Rights submitted a joint motion based on the RFSU demand, the social democrat in the group submitted her own motion and two other social democrats and one liberal Member of Parliament submitted similar motions on the same topic.

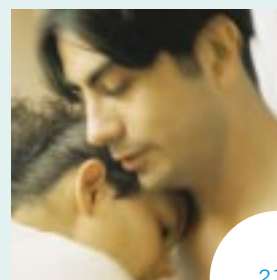
Though the Standing Committee of Social Welfare rejected the motions, RFSU contributed to a general debate about the issue in the media, keeping the topic in the public view. Plus, they received increased media attention after publishing an article in their magazine ‘Ottar’, which outlined the Swedish government’s failure to address safe abortion as a right in the European context.

Additionally in 2003, RFSU implemented an evocative postcard campaign, including a postcard sent to the Prime Minister featuring the heading ‘Knitting needle, Chloroquine, Bic pen (three ways of terminating pregnancy when safe abortion is not available)’. On the back of the card, the varied situation of abortion access and rights in the European Union was described along with a request that the government take action for foreign women’s right to abortion in Sweden.

RFSU’s advocacy work continues on this issue, and there are indications that the Swedish government is listening: in summer 2003, Sweden’s Minister for Social Affairs expressed support for non-Swedish women to seek abortion services in Sweden during a news feature broadcast by Swedish public television.

### **Russia**

*The Russian Government severely restricted the 13 social conditions under which a woman can legally get an abortion in Russia after 12 weeks of pregnancy, narrowing it to only five conditions that include pregnancy as a result of rape and death of a husband. The Orthodox Church and other opposition groups were influential in the adoption of the restrictions. The Russian Family Planning Association (RFPA) implemented an advocacy campaign to raise awareness of the consequences of these restrictions - more unsafe and illegal abortion, and higher maternal mortality. Through interviews with the media, meetings with government officials, roundtable discussions with journalists and other activities, RFPA is keeping women’s right to abortion on the legislative table in Russia.*



# Access

Access

## Opening More Doors to Health,



▲ Kazakhstan

Access to high-quality, affordable sexual and reproductive health services varies significantly throughout Europe and Central Asia. The rate of use of modern contraceptives in most Western European countries is high (for example, 82% in the UK). But Italy has a rate as low as 39%, indicating diversity even in the West. Eastern European countries have significantly lower rates: Albania and Bosnia and Herzegovina report rates of only 15% and 16%, respectively.

Young people and vulnerable, marginalized and socially-excluded groups throughout Europe and Central Asia are the most at-risk for sexual and reproductive health problems yet are the least able to afford or access health services.

# Choice and Rights



▲ Bulgaria

## We provided youth and vulnerable and underserved groups with sexual and reproductive health services

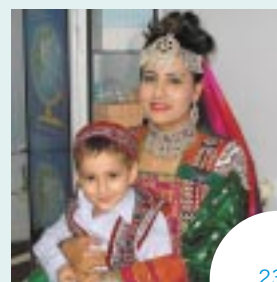
Setting up clinics, monitoring quality of care of health facilities and making reproductive health information available to more people, especially those least able to afford or find it, were key actions that our member associations took to ensure access for all.

## We made sexuality education and affordable contraceptives available to more people

Access to information and contraception are keys to reducing the prevalence of unsafe abortion, poverty and sexually transmitted infections, including HIV/AIDS. By making these available to more people, we empowered women, men and young people to make healthier choices and take control of their lives.

## We worked with government public health ministers and civil servants to improve services and quality of care

Our member associations created alliances with government health agencies in order to help improve the sexual and reproductive health knowledge of medical staff and the quality and safety of health services.



## Talking Prevention with Sex Workers and ‘Mama Rosas’ in Uzbekistan

There has been a burgeoning sex industry in the Central Asian Republics since the fall of the Soviet Union. The number of sex workers, in particular, has increased due to economic conditions and to mass migration between the Republics and from Afghanistan (many sex workers are refugees or internally-displaced people).

Alongside the growing sex worker population is the fastest-growing rate of HIV infection in the world, and the reality that Central Asian countries still lack adequate health care infrastructures. The need for sexual and reproductive health services, especially for sex workers and including refugees, is urgent.

In Samarkand and Navoiy, the Uzbek Association for Reproductive Health (UARH) carried out a project for sex workers funded by the United Nations Population Fund and the Swiss Government.

UARH provided reproductive health information to sex workers by going to the places where they work: at markets, on main motorways and at discos and bars. The association also held peer training seminars for sex workers covering contraception; reproductive health and rights; STIs, HIV and AIDS prevention; and negotiating skills for condom use with clients.

Next, UARH staff and volunteers held discussion sessions with ‘Mama Rosas’, those who ‘employ’ sex workers, about the importance of condom use and clinic visits and prevention of HIV/AIDS and drug use. Working with ‘Mama Rosas’ enabled UARH to reach more sex workers with informational literature, contraceptives and counselling.

In all, 3,500 sex workers were helped through confidential, face-to-face counselling that was provided free of charge. And because many sex workers are reticent to seek services, UARH set up a confidential telephone hot-line to address their needs.

Providing counselling and contraceptives to sex workers was a first step. The Samarkand branch also began providing medical services to sex workers at its reproductive health facility, making pregnancy, STI and HIV tests available for this highly vulnerable group.



▲ Turkey

### Italy

*The Italian member association began offering uro-gynaecological rehabilitation at its Milan branch for women who have urological problems following childbirth or during menopause. This service, which is provided by a trained midwife, is often requested in Italy yet difficult to find through other facilities at the same level of quality and reasonable cost that the association provides.*

## Easing the Journey through Puberty for Mentally Disabled Adolescents (and Their Parents) in Poland

Poland's member association (TRR) plays a strong role in supplementing state health care services by providing access to sexual and reproductive health services for everyone in Poland. In 2003 alone, it conducted nearly 15,000 lab tests, 15,450 gynaecological and family planning counselling sessions and 7,400 preventive exams.

In addition to providing basic services, TRR also provides specialized counselling for parents of mentally disabled children who are going through puberty. This pioneering service started in 2001 and continues with funding from the Polish Ministry of Health. TRR conducts consultations for parents on issues related to puberty, psychological and sexual development, hygiene, sexual relations and modern contraception. It also provides gynaecological and urological examinations for mentally disabled girls.



▲  
Uzbekistan

### UK

*In Scotland, a new grant funded the 'Aw'right' project to provide free sexual health and personal development sessions to young men under 25 in deprived areas of Glasgow, Ayrshire, Lanarkshire and Renfrewshire. The project aimed to improve the self-esteem and confidence of young men and support their emotional development.*



# IPPF European Network Regional Office

## Programmes that Impact Europe

### Protecting Health and Rights in the Face of Growing Opposition

With its strategic location in Brussels, the Regional Office is the primary monitoring and advocacy body of the European Institutions for IPPF worldwide. In 2003, this meant facing down the increasingly vocal opposition to sexual and reproductive health and rights and building sexual and reproductive rights into legislation and policies throughout the region. Following are several of our key initiatives and victories from 2003.

#### **We built coalitions to oppose Article 51 in the EU Constitution**

Article 51 introduces the possibility for churches to have a recognized and legal relationship with the European Commission. Since there is already a provision for consultation by civil society and non-governmental organizations (NGOs) in the EU Constitution, there is no need to create special status for churches and religious groups. It is feared that such a deal would make discussions on ethical and health issues almost impossible in Europe. Together with other NGOs, we actively fought against inclusion of Article 51 and will continue to do so until the issue is resolved.

#### **We provided expertise for a Council of Europe Report on the Mexico City Policy**

This included working with the Equality Committee of the Parliamentary Assembly to

organize a fact-finding mission to Armenia in April, and eventual adoption of the Report in September 2003. This report was the first-ever official condemnation by European Parliamentarians of US international family planning policies.

#### **We defeated the anti-choice report on Human Stem Cell research**

In 2003, a conservative parliamentarian presented a draft report to the Parliamentary Assembly on Human Stem Cell Research. The report addressed 'ensoulment' of the human embryo and condemnation of abortion and sought to have the Council recognize that 'life begins at conception'. Because of the potentially damaging effects of such a report on abortion rights, we alerted our member associations and other European NGOs. We in turn recommended that they contact their national Members of Parliament who were delegates to the Council of Europe and urge them to reject the report. As a result, the report was defeated and sent back to Committee.

### Bringing Essential Services to Those Who Need them Most

From young people to Roma people to refugees and displaced persons, we initiated vital projects to address the need for adequate sexual and reproductive health services among the poorest and most vulnerable groups of people

*We hosted a workshop on Opposition to Sexual and Reproductive Health and Rights (SRHR) in Europe in January 2003 and the 'Sexual Rights are Human Rights' conference in June 2003.*

*The 2003 issue of 'Choices', the journal of sexual and reproductive health and rights in Europe, featured articles and information from the 'Sexual Rights are Human Rights' conference. The 2003 'Choices' can be viewed on our Web site ([www.ippfen.org](http://www.ippfen.org)) or ordered by contacting Mariëka Vandewiele ([mvandewiele@ippfen.org](mailto:mvandewiele@ippfen.org)).*

## and the World

in Europe and Central Asia. Following are a selection of our 2003 multi-country projects.

### We improved access to health services for refugees and displaced people in Central Asia

Human trafficking, sexual violence, unwanted pregnancies and sexually transmitted infections, including HIV/AIDS, are critical issues in the unstable political and social environments in Central Asia, especially for refugees and internally-displaced people. To meet the needs of these 'people on the move' (PoM), we launched a project in 2002 to build a sexual and reproductive health network for PoM in the region.

Member associations and partners in Central Asia mobilized community leaders, government agencies and individuals to improve access to health services for PoM; established sexual and reproductive health clinics; and partnered with local NGOs to bring services to groups who needed care (with a focus on HIV/AIDS prevention), including youth, sex workers and injection drug users.

In just one year, we:

- trained 232 medical professionals to provide better quality sexual and reproductive health care or counselling to PoM
- trained more than 1,200 community leaders to provide sexual and reproductive health information to PoM
- gave more than 1,000 individuals specialized preparation to provide counselling and care to people from marginalized groups
- provided tens of thousands of refugees and displaced people with essential sexual and reproductive health care and counselling
- completed a first-of-its-kind, comprehensive analysis of legislation related to the human rights of PoM in the Central Asian Republics.

Participating member associations and NGOs in the People on the Move Project:

Kazakhstan Association on Sexual and Reproductive Health  
 Reproductive Health Alliance of Kyrgyzstan  
 Uzbek Association on Reproductive Health  
 NGO 'Matin' (Tajikistan)  
 NGO 'Task Force' (Turkmenistan)

### We brought HIV/AIDS awareness to 315,000 youth in the Balkans



In 2003, we wrapped up the first phase of our youth HIV/AIDS prevention project in the Balkans. During its 2-year duration, we collaborated with youth organizations and member associations in the Balkan region to train a cadre of young people to provide sexual and reproductive health education to their peers.

These peer educators were challenged to confront their biases, especially toward people from vulnerable, marginalized and socially-excluded groups. The programme included peer educators and participants who were from these groups, including sex workers, people living with HIV/AIDS, injection drug users, displaced people and orphans.

Thanks to the project:

- at least 315,000 young people received information about sexuality education through large-scale youth events, including concerts and other activities

**Participating member associations and NGOs in the 2001-2003 Balkan Project:**

- Albanian Family Planning Association
- Bulgarian Family Planning Association
- Family Planning Association of Bosnia and Herzegovina
- The Croatian Youth Council
- Health Education and Research Association (Macedonia)
- Yugoslav Youth Information Centre (Serbia)
- Pristina Youth Centre (Kosovo)
- Youth Cultural Centre Juventas (Montenegro)

- approximately 55,000 informational materials were distributed to young people
- 24,000 condoms were handed out to youth
- about 240,000 people received sexual health information from HIV/AIDS prevention Web sites designed as part of the project
- more than 800 young people from vulnerable, marginalized or socially-excluded groups in the Balkans attended informational meetings about HIV/AIDS prevention
- 2,815 students from 10 high schools attended peer education meetings about HIV/AIDS prevention.

The Balkan project is now in its second phase, which will run from 2004-2005 in Kosovo, Macedonia, Serbia and Bosnia and Herzegovina.

**We created a health services infrastructure for the Roma in Central Europe**

In Bulgaria, Moldova and Slovakia, the Roma have consistently been underserved by the national health systems and have had little or

**Participating member associations in the Roma Project:**

- Bulgarian Family Planning Association
- ProFamilia Hungarian Scientific Society
- Family Planning Association of Moldova
- Slovak Family Planning Association

no access to sexual and reproductive health information or services. With high rates of morbidity from sexually transmitted infections, many premature births, low levels of knowledge about reproductive health and the common use of violence against women and children, the Roma people are one of the most underserved groups in Europe.

We launched a 3-year project in Central Europe in 2003 that aims to improve the sexual and reproductive health and quality of care for Roma and other marginalized people. By working with Roma community leaders and in NGO partnerships, we are building a foundation for providing sexual and reproductive health services in areas with high numbers of Roma people. Already, we have developed a broad base of support for reproductive health and rights among the Roma and other marginalized groups. And as the project progresses over the next year, we will work to improve awareness of sexual and reproductive health, reduce the rate of abortion by providing access to affordable and acceptable means of contraception, and improve the safety and health of women and children in the region.

**Meeting the Funding Challenge**

**We ensured donor accountability with the ‘DAC Watch Compilation’**

The ‘DAC Watch’ project broke new ground by monitoring the evaluation process done by the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD). The goal of this ‘watch’ was to raise the awareness of donor governments of the need to contribute to sexual and reproductive health. By contributing to the ‘Peer Review’ process with ‘Shadow Peer Reviews’, we kept countries accountable to the commitments they made at the International Conference on Population and

Development regarding increasing funding for sexual and reproductive health.

The 'DAC Watch Compilation' is a tool for all organizations and leaders involved in ensuring that sexual and reproductive health and rights maintain their rightful priority in development aid. To receive a copy of the DAC Watch Compilation, contact Marieka Vandewiele (mvandewiele@ippfen.org).

### **We increased the sustainability of member associations and partner NGOs**

The funding situation for member associations has changed dramatically in recent years. While there has been an expansion in the scale of association programmes, there have been very few increases in locally-generated income.

To help these organizations harvest locally-generated sources of income and increase their sustainability over the long-term, we carried out a 3-year Sustainability Initiative that:

- encouraged the integration of self-reliance and an understanding that sustainability is not an add-on but a central aspect of all programmes
- helped associations create business and financial plans
- taught associations to develop public relations and advocacy strategies
- instructed in the creation of a strategic fundraising plan for each organization.

The Sustainability Initiative was a giant step for our member associations in overcoming dependency and becoming more self-sufficient today and in years to come.

## Strengthening the Sexual and Reproductive Health Network

Protecting health, choice and rights in Europe is a collective effort that includes donors, organizations, governments, United Nations agencies and many individuals.

We strongly believe in the importance of building coalitions in order to strengthen the work done in the fields of health, human rights and development.

### **In 2003, we worked with:**

Concord  
EuroNGOs  
European Commission  
European Parliament

European Public Health Alliance (EPHA)  
Inter-European Parliamentary Forum on Population and Development (IEPPFD)  
UNFPA  
World Health Organization (WHO)

### **We have consultative status with:**

UN Economic and Social Council (ECOSOC)  
The Council of Europe

*Throughout Europe - We took part in a new IPPF Global Accreditation Initiative that institutes new IPPF management and governance systems. Starting in 2003, each member association will be evaluated every five years and helped to comply with a set of IPPF membership standards and regulations. Together with the Quality of Care project, which focuses on improving service delivery systems, the Accreditation Initiative will guarantee that every IPPF member association maintains the highest quality of governance, management and service delivery.*

## IPPF European Network Regional Office Staff

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<b>Nathalie Bollen</b>	Director, Finance and Administration
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<b>Wendy Knerr</b>	Communications Officer
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<b>Carine Vrancken, President</b>	Sensoa, Belgium
<b>Vladimir Cupanik, Vice-President</b>	Slovenská spoločnosť pre plánované rodičovstvo a výchovu k rodičovstvu (SSPRVR), Slovak Republic
<b>Paul Soemer, Treasurer</b>	Pro Familia, Germany
<b>Denis Deralla</b>	Shoqata Shqiptare e Planifikimit Familjar, Albania
<b>Elena Dmitrieva</b>	Russian Family Planning Association (RFPA), Russia
<b>Danielle Igniti</b>	Mouvement Luxembourgeois pour le Planning Familial et l'Education Sexuelle (MLPFES), Luxembourg
<b>Velimira Mladenova</b>	Bulgarian Family Planning and Sexual Health Association (BFPA), Bulgaria
<b>Peter Safar</b>	Österreichische Gesellschaft für Familienplanung (ÖGF), Austria
<b>Kristina Totlandsdal</b>	Klinikk for Seksuell Opplysning, Norway

# IPPF European Network Policy Statement on Voluntary Surgical Sterilization

## Background

Voluntary sterilization, despite the development of many new contraceptive methods over the last 15 years, remains the most commonly used modern method worldwide, in developing and developed countries alike<sup>3</sup>. It should be noted that in contrast to other modern contraceptive methods, surgical sterilization needs to be considered as a permanent and in most cases irreversible method.

The IPPF European Network believes that voluntary surgical sterilization should be available and affordable to all individuals living in Europe for reasons of:

**HEALTH** because it provides for an efficient, low-risk, once-only procedure that produces a minimum of side effects, while offering a lifetime of contraceptive protection.

**CHOICE** because it offers the only contraceptive option that is recognized as being permanent.

**RIGHTS** as it allows for a permanent solution for individuals and couples who have completed their families or have no wish to have children.

## The IPPF European Network further believes that:

- All people should be able to make an informed choice and voluntary decision through high-quality counselling.
- The decision to undergo sterilization is an individual choice and therefore no one should be forced to have sterilization under any circumstances. Any such medical intervention should always be personally motivated and the decision-making should never be influenced by political, economic or any other reasons.
- No sterilization should be performed without informed consent.
- More efforts should be undertaken to promote vasectomy (male sterilization) as it is an easier method than female sterilization and fosters male participation in pregnancy prevention.
- Male and female sterilization should be fully available and reimbursed under national health insurance schemes.

<sup>3</sup> Source: 'Contraceptive Sterilization: Global Issues and Trends', Engenderhealth, 2002.

## IPPF European Network Financial Statement 2003

This financial statement represents a summary of the 2003 income and expenditures of the Regional Office, IPPF European Network and the member associations in the region.<sup>4</sup> 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.

The IPPF European Network is a network of 39 member associations, which are autonomous and report independently. Therefore their accounts are not incorporated in these figures.

### Income

IPPF European Network's primary source of funding was provided by IPPF through its distribution of government contributions between the Regional and Central Offices via the Resource Allocation System. In 2003, IPPF provided unrestricted funding of US\$2.6 million to the Regional Office and grants to member associations in Europe.

Restricted grants from governments, multilaterals and other sources accounted for 48% of the total incoming resources of IPPF European Network.

The largest components of these grants continue to be provided by UNFPA, the Hewlett Foundation and Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung (BMZ).

### Notes:

Programme activities – expenses directly attributable to the issuing or monitoring of grants to member associations

Programme support – expenses on activities that are directly related to providing support, advice and training on sexual and reproductive health matters

Fundraising costs – comprised of activities related to income generation and resource development

Governance – costs for the membership meetings

<sup>4</sup> Excludes statutory accounts.

### Expenditure

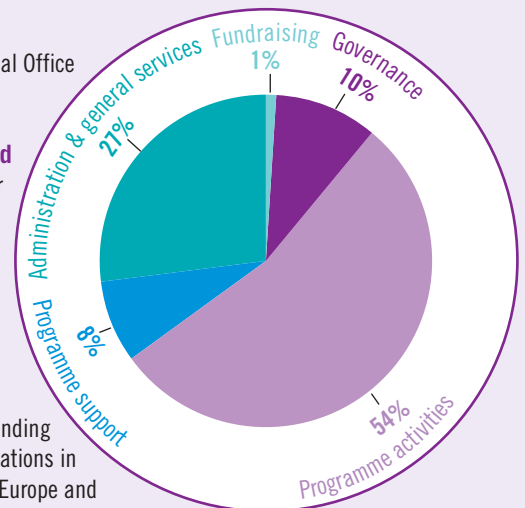
Breakdown of Regional Office costs:

**Administration and services** – all other expenses incurred in the running of the Regional Office and the Field Office

### IPPF and Its Members

IPPF provided core funding to 12 member associations in Eastern and Central Europe and supported projects in other countries throughout the region. In 2003, the 12 grant-receiving member associations were:

- Albania
- Armenia
- Bosnia and Herzegovina
- Bulgaria
- Georgia
- Kazakhstan
- Kyrgyzstan
- Lithuania
- Moldova
- Poland
- Russia
- Uzbekistan



## IPPF European Network thanks the following for their generous support:

European Commission  
Bundesministerium für wirtschaftliche Zusammenarbeit und  
Entwicklung (BMZ)  
IPPF Netherlands Trust Fund

IPPF Vision 2000 Fund  
UNFPA  
William and Flora Hewlett Foundation

## IPPF European Network Member Associations

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### SLOVAK REPUBLIC

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