

health

**IPPF** European  
Network

choice

rights

# TOWARDS HEALTH, CHOICE AND RIGHTS



STRATEGIC PLAN

2004 – 2008

## Contents

<b>Preamble</b> . . . . .	<b>1</b>
<b>Introduction</b> . . . . .	<b>2</b>
<b>Vision, Values and Mission</b> . . . . .	<b>3</b>
<b>Intervention Strategies</b> . . . . .	<b>3</b>
<b>Programme Themes</b> . . . . .	<b>3</b>
<b>Access</b> . . . . .	<b>4</b>
<b>Adolescents and Young People</b> . . . . .	<b>6</b>
<b>Abortion</b> . . . . .	<b>8</b>
<b>STI, HIV and AIDS</b> . . . . .	<b>10</b>
<b>Advocacy</b> . . . . .	<b>12</b>
<b>Quality and Sustainability</b> . . . . .	<b>14</b>
<b>Definitions</b> . . . . .	<b>15</b>
<b>References</b> . . . . .	<b>16</b>
<b>List of Member Associations</b> . . . . .	<b>17</b>

---

## List of Abbreviations

<b>AIDS</b>	Acquired Immune Deficiency Syndrome	<b>PoA</b>	Programme of Action
<b>EU</b>	European Union	<b>QoC</b>	Quality of Care
<b>GC</b>	Governing Council	<b>RO</b>	Regional Office
<b>HIV</b>	Human Immunodeficiency Virus	<b>SWAps</b>	Sector Wide Approaches
<b>ICPD</b>	International Conference on Population and Development	<b>SRH</b>	Sexual and Reproductive Health
<b>IPPF</b>	International Planned Parenthood Federation	<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>EN</b>	European Network	<b>STI</b>	Sexually Transmitted Infection
<b>IUD</b>	Intra-Uterine Device	<b>UK</b>	United Kingdom
<b>MDGs</b>	Millennium Development Goals	<b>UN</b>	United Nations
<b>NGO</b>	Non-Governmental Organization	<b>UNFPA</b>	United Nations Population Fund
<b>ODA</b>	Official Development Assistance	<b>US</b>	United States
		<b>WHO</b>	World Health Organization

# Preamble

Europe is one of the six regions of International Planned Parenthood Federation (IPPF), a worldwide body of 147 national member associations working in the field of sexual and reproductive health and rights (SRHR).

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 is committed to ensuring that the sexual and reproductive health (SRH) needs of 800 million women, men and young people in Europe are met with adequate programmes and policies.

IPPF EN's vision, values and mission are solidly rooted in the principled conviction that health and choice about one's sexual and reproductive life are the human rights of each individual.

Respect for equality, justice, liberty, democracy and personal fulfilment are values for which people in Europe are willing to engage themselves and balance personal beliefs with the testimony of reason. These values have been consolidated in the 'IPPF Charter on Sexual and Reproductive Rights'.

IPPF EN also promotes the health and rights of people outside of its regional borders, taking up an important role in mobilizing resources for developing countries. Its national, regional and international work is made possible through partnerships with the non-governmental, public and private sectors.

IPPF EN is a front-line movement working to turn principles into actions that change people's lives. The role of the regional office of IPPF EN is to service its member associations as well as promote and defend SRHR.

# Introduction

In 2002, IPPF celebrated its 50th anniversary. This provided an occasion to reflect on its success in spearheading a worldwide SRHR movement, scrutinize its programmatic relevance in the 21st century and renew its commitment to activism and to its role as a vital learning organization.

Vision 2000 was the IPPF Strategic Plan from 1992-2002. It was both evolutionary and revolutionary. It redefined IPPF and transformed its focus from demography to human rights and from a population movement to a people's movement. Vision 2000 represented an affirmation of shared values within different levels of IPPF and with organizations that are involved in all aspects of development.

Vision 2000 defined three sets of goals – advocacy and rights, programmes and services, and institutional development – and six programme challenges related to family planning, sexual and reproductive health, unsafe abortion, the empowerment of women, youth and quality of care. Subsequently, the International Conference on Population and Development (ICPD) in 1994 led to the creation of the ICPD Programme of Action (PoA), which addressed a range of population and reproductive health issues with a global reach. With 80 of IPPF's member associations represented at ICPD, the conference was a tremendous opportunity to bring health and rights to the world stage. Vision 2000 covered the same ground as the ICPD PoA but went even further with regard to sexual health. It also took a strong rights-based approach to SRH, which included ensuring that abortion is legal and safe. Both documents stressed the vital role of non-governmental organizations (NGOs) in realizing ICPD objectives.

IPPF's Vision 2000 mandated the development of an IPPF Bill of Rights, which would be an ethical framework for the right to sexual and reproductive health. The result was the 1995 'IPPF Charter on Sexual and Reproductive Rights', a document that continues to define the context in which IPPF carries out its vision and mission.

In 2000, multilateral and bilateral organizations, including the UN Secretariat and the World Bank, established the Millennium Development Goals (MDGs), which took a comprehensive approach to development by linking economic issues with social change and health. However,

the importance of improved SRHR is not sufficiently reflected in the four social and health-related MDGs with regard to the promotion of gender equality, reducing child mortality, improving maternal health and combating HIV/AIDS. Furthermore, the direct implications of access to SRH services and its contribution to the overall MDG of poverty eradication are not explicit.

The issues of SRH and the struggle for the protection of rights are more relevant today than ever before. While IPPF is the largest NGO in this field, it must work to remain the vanguard civil society institution, continuing to fuel the passion for rights.

In November 2002, the IPPF Governing Council (GC) resolved to review Vision 2000 in order to determine how IPPF can better adapt its strategies and programmes to reflect the constantly evolving needs of the people it serves. During a comprehensive consultative process both within IPPF and externally, an invigorated mission statement was created and each of the challenges of the programme areas were revisited.

Based on this review, IPPF has developed a strategic framework for 2004–2008, which focuses on the following programme themes:

- Adolescents - recognizing that the needs and rights of young people remain a central and unresolved issue in all matters related to SRH
- HIV/AIDS - responding to the epidemic, preventing HIV and supporting the rights of people living with HIV/AIDS are key aspects of a sexual health agenda
- Access - continuing to work with the poor while ensuring that SRH services are more decisively expanded to the vulnerable, marginal and socially-excluded
- Abortion - protection and promotion of every woman's right to legal and safe abortion
- Advocacy - lobbying for political, public and financial support for SRHR in all its aspects

IPPF relies on the commitment and activism of its member associations to put this document into action and drive the organization forward. IPPF also seeks partnership with other organizations that share in its vision, values and mission.

# IPPF European Network

## 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 SRH services.

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

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

## Mission Statement

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.

## Intervention strategies

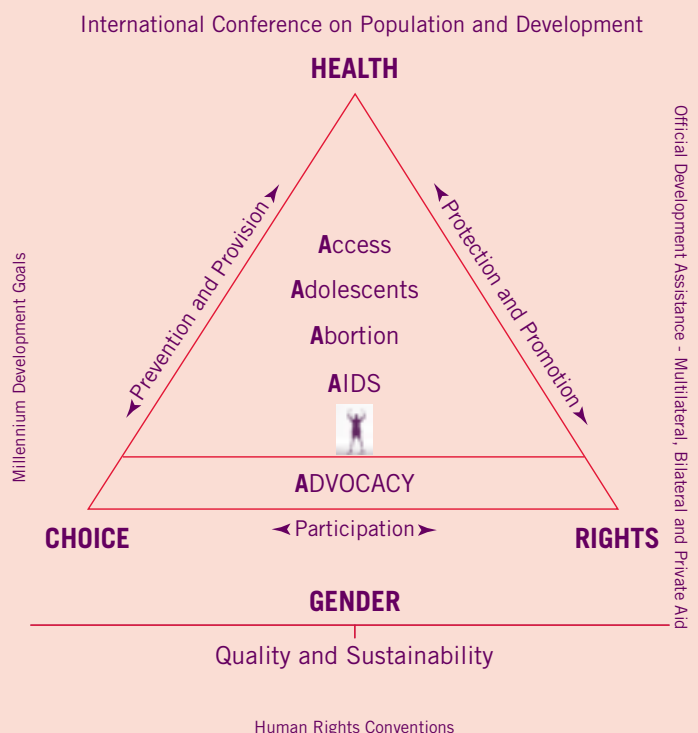
In order to make IPPF EN's vision, values and mission a lived reality, five interrelated strategies for intervention have been identified. These are:

- **Protection – of rights and choice**
- **Promotion – of health, gender equity and safer sex**
- **Prevention – of unsafe abortion, STI, HIV**
- **Provision – of access to quality services**
- **Participation – in the form of active involvement by all interested individuals and organizations**

These strategic interventions are relevant to all of the following programme themes.

## Programme themes

The diagram illustrates a conceptual framework of the relationship between IPPF EN's vision, values, mission and strategies for intervention with the five programme themes - Access, Adolescents, Abortion, AIDS and Advocacy – based on an institutional foundation of quality and sustainability.



# ACCESS

In Western Europe, the average rate of modern contraceptive use is around 69%, with Finland (78.3%) and Switzerland (77.5%) leading the way with rates above 70%. There are also EU countries with figures far below the Western European average (Italy 39.2%). In Eastern Europe, the average rate is 42%. However, some countries reach rates as high as the Western European countries (Hungary 68.4%), while others have levels under 20% (Poland 19%, Bosnia and Herzegovina 15.7%) comparable with some developing countries.

The use of modern contraceptive methods is very low in Eastern Europe. This is partly because of low demand resulting from past misinformation about hormonal methods and partly because of high STI rates, which inhibit the use of other modern methods, most notably the IUD. In Poland and Yugoslavia levels of modern contraception are as low as 19% and 12%, respectively. As a result of this low demand, modern contraceptive methods are not readily available on the market. Little effort has been made to broaden the range of methods available to include, for example, emergency contraception. This lack of modern contraceptive use and supply is reflected in the high abortion rates in some countries.

Health infrastructure provides universal coverage for the population; however, in Eastern Europe health facilities are predominantly urban-based. In most countries, the ratio of population to medical and health professionals is one of the highest in the world. However, the extensive network is not functioning as the scale would suggest and in rural areas transport difficulties prevent access. The institutional context has limited the scope of services provided at the periphery and concentrated resources in specialized, tertiary care that are not related to SRH services.

Social and ethnic minorities are another group in society for whom services are not easily accessible. They need special targeting, which is lacking in most countries.

In many countries, health facilities have inadequate equipment and shortage of supplies and medicines. The number

**Vulnerable, marginalized and socially-excluded groups have very limited access to SRH services in Eastern Europe and Central Asia.**

of health workers has steadily decreased in a number of the ex-Soviet republics. This has been accompanied by a decline in the quality of services. Given these relatively dismal conditions, the utilization of public health facilities, which was already well below capacity, has dropped. There is a need for comprehensive SRH services covering all relevant SRH needs, such as STI prevention, abortion, HIV treatment and care, health promotion, etc. These services are often lacking in the current health systems and, very often, are given low priority in the Sector Wide Approaches (SWAps).

Another growing barrier to access is the increasing conservatism in many countries of Eastern Europe and the Central Asian Republics. In the former, this is closely linked to the new and still growing influence of the Catholic Church, which few governments are willing to counter. Generally, reproductive rights have been neglected since the independence of the Eastern European countries and the Central Asian Republics and are given very low priority on government agendas.

## Critical Issues

- Demand for and supply of a broad range of contraceptives
- Pockets of hard-to-reach populations
- Rural and urban dichotomy in the provision of SRH services
- Better integrated public health system
- Insufficient links between ICPD, MDGs and SWAps

## Challenges

- Removal of cultural, religious and systemic barriers to SRH services
- Need for stronger rights-based approach to SRH
- Meeting the growing demand for quality SRH services
- Need for improved contraceptive security
- Wider introduction and acceptance of emergency contraception
- The requirements of special needs integrated programmes
- Multivariate and multi-level partnerships

Access, as one of the programme themes, must be fully integrated into the other themes, which are Adolescents, AIDS, Abortion and Advocacy.

**GOAL**

All people – particularly the poor, vulnerable, socially-excluded and underserved – are able to exercise their rights to make free and informed choices about their sexual and reproductive health and to have access to SRH information, sexuality education and high quality services.

Objectives	Main Intervention Strategies
<p><b>Objective 1</b> To reduce socio-economic, cultural, religious, political, legal and gender barriers that limit access to SRH information and services in the region.</p>	<ul style="list-style-type: none"> <li>• Identify barriers by encouraging the active participation of a variety of primary and secondary stakeholders.</li> <li>• Support member associations in the development, implementation and evaluation of strategies to remove identified barriers in the promotion and provision of services</li> <li>• Strengthen and establish partnerships with NGOs, including women's and youth groups, religious leaders, community groups, the public and private sector, the media and other key stakeholders</li> </ul>
<p><b>Objective 2</b> To improve access to SRH information and sexuality education using a rights-based approach.</p>	<ul style="list-style-type: none"> <li>• Provide accurate and up-to-date information on SRHR throughout the European Network</li> <li>• Promote the development and dissemination of innovative approaches and tools that ensure access to SRHR information and education</li> </ul>
<p><b>Objective 3</b> To improve access to high quality, integrated SRH service delivery using a rights-based approach.</p>	<ul style="list-style-type: none"> <li>• Support member associations in promoting and/or providing high quality integrated service delivery</li> <li>• Support member associations in promoting and/or providing SRH service delivery to poor, vulnerable, socially-excluded and underserved populations</li> <li>• Build capacity of member associations to advocate for the acceptability, availability and affordability of all contraceptive methods approved by WHO/IPPF, including emergency contraception</li> <li>• Promote the strengthening and expansion of different types of partnerships for the delivery of SRH services, including referrals</li> </ul>

In many countries, health facilities have inadequate equipment and shortage of supplies and medicines.

# ADOLESCENTS and Young People

In Western Europe, teenage pregnancies are generally rather low compared to Eastern Europe. There is, however, considerable variation among Western European countries: the UK has the highest rate in Western Europe (30 pregnancies per 1000 women age 15-19), about four times the rate of its neighbouring countries. Italy and Switzerland, on the other hand, are among the countries with the lowest rates – 5-6 pregnancies per 1000 women age 15-19. In Eastern Europe, many countries experience high adolescent birth rates ranging from 30 to 50 live births per 1000 women aged 15-19. For example, countries like Turkey and Ukraine have a rate as high as 50.

The high adolescent birth rates in Eastern Europe are accompanied by a large number of abortions among women under 20 years old. In countries like Russia, the abortion rate among young people is as high as 56 abortions per 1000 women under age 20. In other Central and Eastern European countries, the abortion rate has been declining in the past decade. In Western Europe, the abortion rates among young women have remained more or less stable. The lowest rates (under 10 per 1000 women age 15-19) are to be found in Belgium, France, the Netherlands, Italy, Spain and Germany.

Until the mid-1990's the STI problem was much less widespread in Eastern Europe than in Western Europe, but the situation has since reversed. While the average infection rate in the EU in 1999 was slightly over 1 per 100,000, Russia reported 530 new cases of syphilis and gonorrhoea among 15-19 year old per 100,000 in 2000.

Newly diagnosed HIV infections among European teenagers have concentrated heavily in the Eastern part of Europe. In 2001, in the age group of people under 20 years old, there

**The high adolescent birth rates in Eastern Europe are accompanied by a large number of abortions among women under 20 years old.**

were 13,751 males and 6,864 females who were diagnosed with HIV.

The rates of young people trafficked every year for the purpose of sexual exploitation is increasing rapidly in Europe. There have been estimates that up to 120,000 women and children have been brought to Western Europe.

In general, young people lack adequate information on sexuality and their sexual and reproductive rights. This is particularly the case in the Central and Eastern European countries and the Central Asian Republics, where sexuality education is absent from most school programmes, and reliable out-of-school information systems are practically non-existent. Young people generally lack the knowledge and skills to negotiate and to exercise their rights. Access to reproductive health services is not easy for most young people in the countries of the region.

IPPF member associations have introduced innovative approaches to reach young people and address their needs. However, the Federation does not appear to the outside world to be particularly youth-oriented.

## **Critical issues**

- Teenage pregnancy
- Abortion
- STI, HIV/AIDS
- Trafficking

## **Challenges:**

- The need for more awareness of rights
- Inadequate or insufficient access to services
- Lack of SRHR networking with other youth programmes
- IPPF and its image are not attractive to young people

**Young people lack adequate information on sexuality and their sexual and reproductive rights.**

**GOAL**

All adolescents and young people are aware of their sexual and reproductive rights, are empowered to make informed choices and decisions regarding their SRH, and are able to act on them.

Objectives	Main Intervention Strategies
<p><b>Objective 1</b> To increase access to comprehensive, youth-friendly, gender-sensitive sexuality education.</p>	<ul style="list-style-type: none"> <li>• Support member associations to advocate for and provide education that promotes a positive approach to young people's sexuality and promotes a non-prescriptive, evidence- and rights-based approach</li> <li>• Identify and implement programmes to reach young people with diverse needs and sexual orientations</li> <li>• Pilot, evaluate and scale-up innovative approaches aimed at the provision of integrated SRHR information, sexuality education and life skills for young people</li> <li>• Develop evidence-based, good practice guidelines on sexuality education</li> </ul>
<p><b>Objective 2</b> To increase the commitment and capacity of member associations to expand access to a broad range of youth-friendly services.</p>	<ul style="list-style-type: none"> <li>• Train member association staff on the provision of high-quality, youth-friendly services</li> <li>• Promote sharing of expertise on working with youth with other service providers and groups that work with youth</li> <li>• Encourage increased participation of young people in the development, implementation, monitoring and evaluation of SRH service delivery at member association level</li> <li>• Support member associations in the establishment and development of effective referral systems and formal partnerships</li> <li>• Develop and promote evidence-based, good practice guidelines and tools on youth-friendly programmes and approaches</li> <li>• Strengthen access by all young people to SRH Services</li> </ul>
<p><b>Objective 3</b> To increase the participation of young people in EN programmes and in institutional development.</p>	<ul style="list-style-type: none"> <li>• Support adults and young people in member associations to work together as equitable partners</li> <li>• Ensure leadership training that encourages active participation by young people in governance and management</li> <li>• Stimulate the participation of young people in the design, implementation and evaluation of programmes at all levels of EN and IPPF</li> <li>• Encourage member associations to develop youth committees and advise on the mutual benefit to governance and working mechanisms</li> </ul>
<p><b>Objective 4</b> To reduce gender-related barriers and other obstacles and practices that affect the SRHR of young women and men in the region.</p>	<ul style="list-style-type: none"> <li>• Support member associations in efforts to mobilize young people as advocates for the protection and promotion of their own rights</li> <li>• Develop an appropriate number of alliances with youth NGOs, other civil society groups (especially those that are community-based) and public- and private-sector organizations that are committed to removing barriers</li> </ul>

# Legal and Safe ABORTION

Abortion rates in Europe vary significantly – the region is a witness to abortion rates ranging from some of the lowest rates in the world to some of the highest. Western Europe has relatively lower abortion rates (e.g.: Belgium has a rate of 111 abortions per 1000 live births; France: 263/1000; UK: 268/1000). Eastern Europe, on the other hand, faces rates as high as ten times more than in Western Europe: Russia experiences a record high level of 1416 abortions per 1000 live births; Romania, 1156/1000; Estonia, 923/1000. Many women in this region still rely on abortion as a method of fertility regulation.

Whereas abortions are generally easily available in Western Europe (on request up to 12 weeks), some countries still have very restrictive abortion laws (e.g.: in Portugal and Ireland, abortion is illegal and possible only in cases of risk to the life or mental health of the woman). This leads to women travelling abroad to have an abortion, or 'abortion tourism' (e.g.: Irish women travelling to the UK, Polish women travelling to Belarus), or to situations where women have to rely on unsafe abortions.

Moreover, even when abortions are allowed by law, in many countries women are confronted by an increasing number of doctors refusing to perform abortion on the grounds of conscientious objections and, at the same time, often refusing to refer them further.

Over the past decade, liberal abortion laws of former communist countries have been gradually restricted due to pressure exerted from conservative groups in society. This is the situation in Poland, for example, where many women are forced to undergo illegal and unsafe abortions because

**The region is witness to abortion rates ranging from some of the lowest in the world to some of the highest.**

safe abortions are only possible up to 12 weeks and only in case of rape or in case of a risk to a woman's life or a serious foetal malformation. Another example is the case of Russia, which recently narrowed the grounds for having an abortion between the 12<sup>th</sup> and 22<sup>nd</sup> week of pregnancy from 13 special circumstances to only four.

Restrictive abortion laws in some Central and Eastern European countries and Central Asian Republics and the lack of availability and/or affordability of modern contraceptive methods in others result in a high rate of unsafe abortions. This is reflected in the high contribution of abortion-related deaths to maternal mortality rates in some countries (e.g.: 30% and 40% respectively in Poland and Latvia).

#### **Critical Issues:**

- High abortion rate
- Restrictive legislation
- Anti-choice opposition
- Ageing populations in Europe
- Pro-natalist policies

#### **Main Challenges:**

- Lack of uniform commitment to the right to legal and safe abortion across the region
- Low status of women in some countries and within certain groups
- Inconsistent quality-of-care (QoC) – information and services vary across the region
- Wider introduction and acceptance of medical abortion
- Access to contraception is not equal for all
- The need to be angry and act bravely against all odds

**Over the past decade, liberal abortion laws of former communist countries have been**

**GOAL**

**A universal recognition of a woman's right to choose and to have access to safe and legal abortion.**

Objectives	Main Intervention Strategies
<p><b>Objective 1</b>  <b>To strengthen public, professional and political commitments to every woman's right to choose and to have access to legal and safe abortion.</b></p>	<ul style="list-style-type: none"> <li>• Create a uniform commitment among volunteers and staff to the promotion and protection of the right to legal and safe abortion</li> <li>• Raise awareness among the general public, policy makers and key professional groups on the public health and social justice impact of illegal and unsafe abortion</li> <li>• Build strategic partnerships for support of women's rights issues</li> <li>• Prevent the opposition from gaining ground</li> <li>• Promote evidence-based advocacy to recognize, protect and fulfil these rights either through legalization or decriminalization</li> </ul>
<p><b>Objective 2</b>  <b>To build the capacity of member associations to promote affordable and high quality abortion-related services as an integral part of SRH services.</b></p>	<ul style="list-style-type: none"> <li>• Support member associations in the promotion of sensitive, non-judgemental, affordable and high-quality services</li> <li>• Develop strategic partnerships for the provision of training to member associations and other parties</li> <li>• Advocate with governments to expand and improve access to abortion-related service delivery</li> <li>• Stimulate IPPF to develop essential quality standards for abortion-related services</li> <li>• Introduce and implement innovative and safe technology for the delivery of abortion services, including medical abortion</li> <li>• Identify, disseminate and promote best-practices in abortion-related programmes</li> </ul>

**gradually restricted due to pressure exerted from conservative groups in society.**

# STI, HIV and AIDS

While the number of HIV/AIDS cases in Central and Eastern Europe and Central Asia constitutes a small percentage of the global cases (3.5%), the region has the highest growth rate of newly infected in the world.

Historically, the majority of AIDS cases have been reported in Western Europe, especially in the South (Portugal and Spain had 77 and 71 cases respectively per million inhabitants in 2002). Whereas the number of cases had been declining since the mid-1990s, there has been a slight upsurge since 2001.

Most of the countries of Central and Eastern Europe and Central Asia, on the other hand, had less than 5 cases reported per million inhabitants in 2001 (Russia 0.1 per million, Poland 3 cases per million). The total number of people living with HIV/AIDS in Central Asia and Central and Eastern Europe (1.2 million adults and children) represent only 3.5% of all the HIV/AIDS cases in the world.

However, in the second half of the 1990s, whereas the AIDS incidence has been going down in Western Europe and remained stable in Central Europe, there has been an upward trend in the Balkans, the Baltic States and Central Asia. In Yugoslavia, for example, new AIDS cases increased by 26% from 2001 to 2002; in Latvia, by 37%; in Estonia the number of reported cases doubled; and in Georgia, the number of new cases was multiplied by five.

The countries of Central and Eastern Europe and Central Asia experience one of the highest STI prevalence rates in the world. There is a high variety of STIs in Europe, each of them showing great fluctuations in incidence rates. Attention to prevention of STIs is a constant challenge and prevention is very important considering the fact that STIs increase the risk of contracting HIV.

There are also alarming signs in some of the Western European countries. For example, in the UK, while the prevalence remains low, all STIs have increased. Syphilis infections have grown by 374% and Chlamydia infections

**It is important to draw attention to the rights and needs of vulnerable and marginalized groups as a first step in stemming the epidemic.**

have risen by more than 70%. One in 10 adolescents has Chlamydia in the UK. However, the highest figures for Western Europe are actually the lowest of the spectrum compared with those of Eastern Europe.

Prevention efforts in Eastern Europe and Central Asia are made difficult by government denial of the urgency of the situation in some cases, and by conservative attitudes in others. For example, prostitution is not officially recognized as existing in some countries, which means denial of the needs of a particularly vulnerable group. It is important to draw attention to the rights and needs of vulnerable and marginalized groups as a first step in stemming the epidemic.

In many countries in Eastern Europe and Central Asia, HIV testing services are not widely available in the public health system and health professionals are not trained to provide services (including counselling) to those who need them. Usually, HIV/AIDS related services are available in only a very limited number of facilities in each country.

## **Critical Issues**

- High growth rate of new STIs and HIV cases, especially among adolescents
- Stigmatization and discrimination of people living with HIV/AIDS
- HIV programmes, policies and strategies are not mainstreamed into SRH services and there is a 'go it alone' attitude prevailing

## **Challenges:**

- Lack of policies and programmes to prevent spread of the infections in the region
- Lack of integration of STI/HIV/AIDS into the other programme themes
- Full recognition of the rights of people living with HIV/AIDS and support for people affected by it
- The need to strengthen co-operation with relevant actors working on STI/HIV/AIDS at national, European and international levels

**GOAL**

**Reduction in the global incidence of STIs and HIV/AIDS and the full protection of the rights of people infected and affected by HIV/AIDS.**

Objectives	Main Intervention Strategies
<p><b>Objective 1</b> To reduce vulnerability to STI/HIV/AIDS and combat stigma and discrimination associated with these infections and diseases.</p>	<ul style="list-style-type: none"> <li>• Support member associations in advocating for the promotion of an environment in which all people can exercise sexual and reproductive rights as human rights</li> <li>• Develop expertise within member associations on identification and removal of barriers impeding STI and HIV prevention efforts</li> <li>• Encourage member associations to participate in strategic partnerships to maximize the impact of awareness-raising and advocacy interventions</li> <li>• Support member associations in the development of policies and legislation</li> </ul>
<p><b>Objective 2</b> To strengthen the integration between SRHR and STI/HIV/AIDS policies and programmes in order to improve prevention.</p>	<ul style="list-style-type: none"> <li>• Support advocacy for the integration of SRH and STI/HIV/AIDS prevention activities</li> <li>• Provide support to member associations in the integration of STI/HIV/AIDS prevention into their programmes</li> <li>• Participate in monitoring and evaluating the integration of SRH and STI/HIV/AIDS into policies and programmes of relevant organizations</li> <li>• Promote the sharing of experiences, lessons learned and best practices regarding the integration of SRH and STI/HIV/AIDS</li> </ul>
<p><b>Objective 3</b> To promote increased access to care, support and treatment for people infected with, and assistance to those affected by, HIV/AIDS.</p>	<ul style="list-style-type: none"> <li>• Support member associations in advocating for increased access to care for those infected/affected by HIV/AIDS</li> <li>• Support EN in the development of partnerships with organizations actively involved in the care and treatment of HIV/AIDS and the setting up of referral systems</li> </ul>

**From 2001-2002, new AIDS cases in Yugoslavia increased by 26%; in Latvia by 37%; in Estonia the number of reported cases doubled; and in Georgia the number of new cases was multiplied by five.**

# Political ADVOCACY

In a democracy, one is faced with changing governments whose level of commitment to SRHR may vary. There is also a constant and persistent pressure from certain groups in society to restrict the grounds for having an abortion or even to make it illegal in the countries of Europe. Moreover, it is realistic to assume that the SRHR agenda will be further affected in an enlarged Europe.

Whereas many countries have already indicated improvement in terms of national legislation and access to services, a great deal of further political pressure is needed at national, regional and international forums. Advocacy efforts need to be enforced at three levels:

## 1. General recognition of sexual and reproductive health and rights as human rights

Sexual and reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. SRHR as a human right was recognized at the ICPD in 1994. Defending these rights as human rights, however, remains a constant challenge.

## 2. Commitment to a comprehensive SRH Programme in Europe and globally

There is a need for financial commitment in support of SRH programmes, which ensures that women, men and young people, including the poor, vulnerable and socially-excluded, have access to services. Europe plays a particularly vital role because the region includes many of the major donors to official development assistance (ODA).

**Defending sexual and reproductive rights as human rights remains a constant challenge**

## 3. Greater collaboration

There is a need to enhance co-operation through greater collaboration with a variety of partners at national, regional and international forums and to push the boundaries at the levels of public policy and public support.

### Critical Issues:

- Sexual and reproductive rights not recognized everywhere in the region
- EU enlargement process and accession
- New and emerging issues in Europe
- Donor commitments to ICPD PoA
- Lack of cohesion between the ICPD PoA, the Millennium Declaration and the MDGs
- Vision, values and mission of IPPF are not apparent to our 'natural' partners

### Main Challenges:

- Creation of a unified, brave and angry political movement in the European Network
- Combating opposition as and when necessary
- Promoting equal sexual and reproductive rights in the global context
- Responding to new and emerging issues within the remit of the core SRH programme
- Lack of resources to ensure access to high-quality services
- Holding governments responsible for implementing ratified international agreements
- Holding the governance of member associations responsible for the ratification at country level of policies passed by governing council and regional council that would be helpful for advocacy

There is a constant and persistent pressure from certain groups in society to restrict the grounds for having an abortion or even to make it illegal in the countries of Europe.

**GOAL**

**Strong political and financial commitment to and support for SRHR at the national, regional and international level.**

Objectives	Main Intervention Strategies
<p><b>Objective 1</b>  <b>To strengthen recognition of SRHR throughout the region, including through policy and legislation that promotes, respects and fulfils these rights.</b></p>	<ul style="list-style-type: none"> <li>• Build relationships with governments, key policy makers and other influential groups at European regional and national levels</li> <li>• Develop detailed and targeted policy positions and statements</li> <li>• Promote political and financial commitment to SRHR in Europe</li> <li>• Advocate with governments and other groups using evidence-based information</li> <li>• Develop a strategy that anticipates, responds to and counteracts opposition</li> <li>• Work in partnership with civil society to leverage influence on governments and influential groups</li> <li>• Strengthen the capacity of member associations in conducting political advocacy at all levels</li> </ul>
<p><b>Objective 2</b>  <b>To improve the priority of SRHR in the development agenda and increase the allocation of resources to it.</b></p>	<ul style="list-style-type: none"> <li>• Advocate with European governments, donors, multilaterals, private sector organizations and civil society to promote the concept of SRHR as vital to achieving the goals of the Millennium Declaration</li> <li>• Monitor and disseminate information about governments' performances with respect to commitments and financial support to SRHR</li> <li>• Build relationships with governments, NGOs and other key groups to increase resources for SRHR</li> </ul>

society to restrict the grounds for having an abortion or even to make it  
 countries of Europe.

# The foundation pillars - Quality and Sustainability

In order to achieve the goals and objectives of the five programme themes, it is imperative that IPPF EN operate democratically, ensuring leadership on the issues through a high level of transparency and accountability in its governance, management and programmes and

services. IPPF has a well-developed planning, programming, budgeting and reporting system. The critical issues are the implementation of these systems and the further development of sustainable member associations actively promoting SRHR.

## GOAL

**To ensure that IPPF EN remains a democratic, innovative and sustainable network responding to the sexual and reproductive health needs and rights of all people in the region.**

Objectives	Main Intervention Strategies
<p><b>Objective 1: Resource Mobilization</b> To increase and diversify the funding base of IPPF EN through innovative and results-based programmes, which provide for continuity.</p>	<ul style="list-style-type: none"> <li>• Strengthen the capacity of the Regional Office and member associations for resource mobilization</li> <li>• Develop collaborative relationships with Central Office and other regional offices</li> <li>• Develop long-term strategies for mobilizing resources</li> </ul>
<p><b>Objective 2: Knowledge Management</b> To develop methodologies and tools and make more effective use of existing knowledge systems.</p>	<ul style="list-style-type: none"> <li>• Develop an updated database on the programme themes and gender equality in Europe</li> <li>• Promote evidence-based action research</li> <li>• Increase and promote effective use of information technology (e.g.: Internet, Web sites, etc.)</li> <li>• Act as a clearinghouse for the collection and dissemination of information, tools and systems across the European Network</li> <li>• Promote the exchange of experience and best practices between all member associations</li> </ul>
<p><b>Objective 3: Capacity Building</b> To improve the institutional capacity of member associations to develop cost-effective and high-quality programme management and evaluation.</p>	<ul style="list-style-type: none"> <li>• Provide methodologies and share tools across the European Network</li> <li>• Provide technical support to assist member associations to integrate the five programme themes into their programme planning and management</li> </ul>
<p><b>Objective 4: Governance and Management</b> To support member associations in the strengthening of their governance and management structures and processes to ensure democracy, accountability and transparency within the organizations.</p>	<ul style="list-style-type: none"> <li>• Implement the Accreditation Review System according to plan</li> <li>• Increase the sharing of management tools and knowledge between member associations</li> <li>• Provide technical assistance in financial management</li> </ul>

## Definitions of the five programme themes (Dictionary and functional)

### ACCESS

Dictionary meaning:

Ways or means and act of approach, the condition of allowing entry, the right or privilege to approach, reach, enter, make use of something, designating programmes made by and for the general public and making them available.

Functional meaning:

Access refers to the provision of information and education on SRH and rights and services regardless of age, sex, marital status, ability to pay, ethnic origin, political and religious beliefs, disability, sexual orientation or any other factor that could make an individual the object of discrimination.

### STI, HIV and AIDS

Dictionary meaning:

**Sexually transmissible/transmitted disease:** A disease which is usually transmitted by sexual contact or where sexual contact is a significant mode of transmission. Some common STDs are trichomoniasis, genital chlamydia, genital papillomavirus, gonorrhoea, genital herpes, syphilis and chancroid.

**Sexually transmissible/transmitted infections:** A term which is increasingly being used in place of sexually transmitted disease because it includes HIV infection and AIDS as well as longer-established sexually transmitted diseases.

**HIV**, human immune deficiency virus, is the cause of AIDS. Two strains have been identified: HIV – 1 and HIV – 2. HIV is transmitted by sexual intercourse, infected blood and blood products and through placenta.

**AIDS**, acquired immune deficiency syndrome, is a condition in which white blood cells are destroyed; the body is not able to protect itself.

Functional meaning:

Programmatically it means prevention of STI and HIV, protection and promotion of the rights of persons living with HIV/AIDS as well as support for their families and communities and involvement in issues related to care and treatment.

### Political ADVOCACY

Dictionary meaning:

Active support, especially of a cause, linked to advocate for – recommend publicly, plead for or speak in favour, uphold or defend a cause, intercede on behalf of another.

Functional meaning:

Advocate at the public policy level for change in governmental or institutional support for SRHR and, once achieved, work to protect these changes. The process may also include getting support at the level of public opinion through media, civil society partners, community and religious leaders and other 'gatekeepers' to act as pressure groups.

### Safe ABORTION

Dictionary meaning:

Abortion is the premature termination of pregnancy by spontaneous or induced expulsion of a nonviable foetus from the uterus.

Functional meaning:

Safe abortion is an accessible, high-quality service performed by medical and health professionals with the right skills in an appropriate environment to terminate an unwanted pregnancy. Unsafe abortion can be prevented to a greater extent by making abortion legal. Rights-based programmes uphold a woman's right to choose, seek to keep abortion legal and safe and consider it an integral part of SRH services.

### ADOLESCENTS and Youth

Dictionary meaning:

An adolescent is a person who has reached puberty but is not yet an adult

Functional meaning:

The term 'adolescence' has been defined as including those aged between 10 and 19 years, and 'youth' as those between 15 and 24 years; 'young people' is a term that covers both age groups, i.e.: those between the ages of 10 and 24. True adolescence, however, being the period of physical, psychological and social maturing from childhood to adulthood, may fall within either age range. The age group 10-16 is the most neglected in youth programmes and needs more attention from member associations.

## References

- International Planned Parenthood Federation (IPPF), *IPPF Charter on Sexual and Reproductive Rights, 1995*  
<http://www.ippf.org/charter/index.htm>
- International Planned Parenthood Federation (IPPF), *Vision 2000, 1992*  
<http://www.ippf.org/about/v2000.htm>
- United Nations (UN), *ICPD Programme of Action, 1994*  
<http://www.un.org/popin/icpd/conference/offeng/poa.html>
- United Nations, *Millennium Development Goals, 2000*  
<http://www.un.org/millenniumgoals/>
- UNAIDS/WHO collaborating Centre on AIDS, *HIV/AIDS Surveillance in Europe: End-year Report 2002, N68*
- WHO Regional Office for Europe: *Meeting on Prospects for the Public Health Approach to the Prevention and Care of Sexually Transmitted Infections in Countries of Eastern Europe and Central Asia. Report on a WHO Meeting, Berlin, 1-13 October 2001 and WHO Regional Office for Europe, WHO European Regional Strategy on Sexual and Reproductive Health, November 2001*
- WHO Regional Office for Europe, *Health for All Database.*
- Abortion legislation in Europe (IPPF European Network – 2002)
- PRB, *Family Planning Worldwide: 2002 Datasheet*
- Osmo Kontula, *Trends in Teenage Sexual Behaviour: Pregnancies, Sexually Transmitted Infections and HIV Infections in Europe, 2003*
- UNICEF Innocenti Research Centre, *Social Monitor 2002: Social Trends in Transition, HIV/AIDS and Young People, Quality of Learning in Schools, 2002*
- HIV/AIDS Surveillance in Europe – End Year Report 2002
- WHO, *Definitions and Indicators in Family Planning, Maternal and Child Health and Reproductive Health used in the WHO Regional Office for Europe*, Revised March 1999 and January 2001
- IPPF, *Glossary of Terms used in Sexual and Reproductive Health, 2000*
- SIECUS, *Making the Connection: Sexuality and Reproductive Health. Definitions of Sexually Related Health Terminology, 1999*

## List of countries with an IPPF member association

Albania	Germany	Netherlands
Armenia	Greece	Norway
Austria	Hungary	Poland
Belgium	Iceland	Portugal
Bosnia and Herzegovina	Ireland	Romania
Bulgaria	Israel	Russian Federation
Cyprus	Italy	Slovak Republic
Czech Republic	Kazakhstan	Spain
Denmark	Kyrgyzstan	Sweden
Estonia	Latvia	Switzerland
Finland	Lithuania	Turkey
France	Luxemburg	United Kingdom
Georgia	Moldova	Uzbekistan

A **contact list of member associations** can be found on the IPPF EN Web site:  
<http://www.ippfen.org>

