


# Barometer

of Women's Access to  
Modern Contraceptive  
Choice in 16 EU Countries  
Extended  
January 2015

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# About the partners



The International Planned Parenthood Federation European Network (IPPF EN) represents one of the six regions of the International Planned Parenthood Federation which was founded in 1952 and is the strongest global voice safeguarding sexual and reproductive health and rights (SRHR) for people everywhere. IPPF EN includes 40 membership-based associations throughout Europe and Central Asia, as well as the Regional Office in Brussels, Belgium. IPPF EN has a participative status with the Council of Europe and a special consultative status with the Economic and Social Council of the United Nations (ECOSOC). IPPF EN led the development of this report by providing input and expertise, defining the report structure and content, coordinating the involvement of relevant member associations and the wider network of experts in the countries covered in this report, and formulating the key findings and policy recommendations.

For more information about IPPF EN, visit [www.ippfen.org/en](http://www.ippfen.org/en)

The data collection in the countries was led by the following:

## IPPF Member Associations:

- Bulgarian Family Planning and Sexual Health Association (BFPA), Bulgaria



- Family Planning and Sexual Health Association (FPSHA), Lithuania



- Cyprus Family Planning Association (CFPA), Cyprus



- Rutgers WPF, The Netherlands



- Czech Family Planning and Sexual Health Association (SPRSV), Czech Republic



- Family Planning Association (TRR), Poland



- Danish Family Planning Association (DFPA), Denmark



- Romanian Society for Education on Contraception and Sexuality (SECS), Romania



- Väestöliitto, Finland



- Spanish Family Planning Association (FPFE), Spain



- pro familia, Germany



## Lead experts or organisations:

- Irish Family Planning Association (IFPA), Ireland



- Italian Medical Society for Contraception (SMIC), Italy
- Dr. Elisabeth Aubény, France
- Dr. Lena Marions, Sweden

- Papardes Zieds, Latvia



## Endorsed by:



The European Society of Contraception and Reproductive Health (ESC) was founded on December 26, 1988 in Paris, France.

The aims of the Society are to provide information and improve access to contraception and reproductive healthcare in European countries, to promote availability of all established methods of contraception, to commission and carry out epidemiological and sociological studies and other types of research on contraception and reproductive health care in European countries, and to co-operate with relevant organisations and institutions sharing the Society's goals throughout the world.

In 2010, the General Assembly of the ESC adopted The Sexual Rights Declaration as issued by the International Planned Parenthood Federation (IPPF, 2008) in the The Hague Declaration on Sexual and Reproductive Health in Europe.

For more information about ESC, visit [www.escrih.eu](http://www.escrih.eu)



The International Centre for Reproductive Health (ICRH) is a multidisciplinary research institute within Ghent University. The Centre was established in 1994 in response to the International Conference on Population and Development (ICPD, Cairo, 1994).

ICRH conducts research and intervention projects in all areas of reproductive health (HIV, STI, HPV, maternal health, family planning, gender based violence...), implements capacity building, provides community education, prevention and HIV testing services, and advocates for sexual and reproductive health and rights. ICRH is active in Africa, Latin America, Asia and Europe.

For more information about ICRH, visit [www.icrh.org](http://www.icrh.org)

ESC and ICRH are not accountable for the quality of the data collection and analysis.



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## Foreword



**Sophie in 't Veld,**  
 Member of the European Parliament (ALDE, D66)

Having access to safe and modern contraception is the cornerstone of women's and adolescent girls' rights and of their sexual and reproductive health. With proper knowledge, information, access and government support, women and girls have the freedom to decide about their own bodies, lives and futures. Sexual and reproductive health and rights (SRHR) are fundamental rights, which the European Union and its Member States must promote and protect in their internal and external policies.

This Barometer shows that, unfortunately, the EU has a long way to go to make these rights reality for all its citizens. It highlights some truly alarming gaps and unfinished business in making modern contraception accessible to all. The report is a real eye-opener for anyone who believed that this battle had been largely won by previous generations.

The findings of the report are even more concerning given the strong conservative wind that is currently blowing through many EU countries and the EU institutions, opposing progress and challenging the imperfect but hard-won battles on SRHR.

The EU must play as strong a role as possible in defending and strengthening the fundamental rights of women and girls. Family planning is a pre-condition for their freedom and independence. Without it, none of the gender equality targets can be met. So the EU should no longer turn a blind eye and pretend it is a purely national matter. It affects society as a whole.

The EU can make a concrete contribution by supporting the collection of strong pan-European data, the carrying out of more comprehensive research, and the sharing of best practice between countries. Decision-makers must put health and rights at the heart of EU policy-making, starting by including SRHR in the Commission's new EU Health Strategy.

The Barometer report is a useful tool to advocate for progress on sexual and reproductive health and rights, and I am delighted to support IPPF European Network in its launch.

*Sophie in 't Veld*

## ➤ A word from IPPF EN ➤



### Modern contraception and women's empowerment

**When the contraceptive pill burst onto the scene in the 1960s, it was a revolution for the women lucky enough to have access to it. The arrival of modern contraception, from that moment on, empowered women to take control of their own bodies, of their sexuality, of their desire to have or not to have children. This increased autonomy opened up opportunities in other areas of their lives, and called into question traditional power dynamics between men and women in society.**

Half a century later, in spite of these gains, we see that European countries are still struggling with women's empowerment as a perceived threat to traditional cultures and patriarchal values. For 50 years, modern contraceptives and interventions for women's reproductive health have been opposed and attacked, and women's rights activists have at times been the targets of vicious smear campaigns.

Modern contraception plays an undeniably fundamental role in ensuring women's autonomy. Yet policy and political debate about the role of women in society has paid little attention to how easily they can access it. This Barometer sets out to do just that, considering questions such as whether a European nation considers contraception an exclusively private matter, whether a government grants autonomy over sexuality and reproduction only to lucky wealthy women, or whether a state takes responsibility for ensuring access for everyone. It asks whether politicians limit themselves to traditional issues such as employment and decision-making positions when they consider gender equality. And it looks at what is being done to ensure access for the most vulnerable women and girls, at how sexuality education is provided, and how far doctors are trained to accompany and support women's choices.

Many people believe that European societies are modern and progressive when it comes to women's rights. But this report shows that there are areas where this is far from true. It highlights the strong grip that patriarchal, traditional and religious influences still have over the everyday lives of women and girls in many European countries.

There is a major gap in research and data collection in Europe on sexual and reproductive health and rights, including access to modern contraception. This hampers evidence-based policy making that could improve the health and wellbeing of women and girls in Europe. This report aims to make a contribution to policy and political debates on these issues. However, IPPF EN strongly urges EU decision-makers to consider greater investment in research and data collection into sexual and reproductive health and rights.



# ➤ Introduction ➤

Following the European and national successes of the 2013 Barometer of Women's Access to Modern Contraceptive Choice in 10 EU countries, the International Planned Parenthood Federation European Network (IPPF EN), its Member Associations and other independent national experts that were involved, committed to build on the valuable exercise by issuing this second, extended edition. The value of the Barometer is also confirmed by the commitment of the European Society of Contraception and Reproductive Health (ESC) and the International Centre for Reproductive Health (ICRH) to endorse both editions.

This second report provides not only a measuring tool for progress in the ten countries that feature in both Barometer editions (Bulgaria, Czech Republic, France, Germany, Italy, Lithuania, The Netherlands, Poland, Spain, Sweden) but also a comparable policy tool involving six additional countries (Cyprus, Denmark, Finland, Ireland, Latvia, Romania). The selection of countries aims to ensure a meaningful and balanced geographical scope and analysis of policies and practices regarding young women's access to modern contraceptive choice among 16 EU member states.

Since the launch of the first Barometer report in June 2013, the results have been presented to European and national policy makers, politicians, the medical community and various interest groups, and helped raise awareness of the challenges in access to contraceptive choice across Europe.

This second Barometer edition aims to further build the case for the unmet need of equitable access to modern contraceptives and the importance of re-establishing reproductive health as a policy priority on the EU and national agendas. The EU and national policy discussions that were triggered following the 2013 Barometer emphasise the need for a commitment by decision makers for a long-term policy approach in order to empower women in their personal, social and professional lives. This edition reiterates how embedding modern contraceptive choice as a key component of integrated policies can contribute to progress in this field. To this end, the report highlights not only best practices and positive developments, but also gaps and setbacks to illustrate areas for improvement.

The conclusions and policy recommendations aim to provide the basis of a road map towards the development of targeted sexual and reproductive health and rights (SRHR) policies that address the need for improved, equitable access to modern contraceptive methods.

This report follows the structure of the first Barometer edition along eight Policy Benchmarks, which represent eight different policy areas that are used as a reference to evaluate and rate the countries' situation with regards to access to modern contraceptive choice:

- 1 Policy making and strategy
- 2 General awareness of SRHR and modern contraceptive choice
- 3 Education on SRHR and modern contraceptive choice for young people and young adults
- 4 Education and training of healthcare professionals and service providers
- 5 Provision of individualised counselling and quality services
- 6 Existence of reimbursement schemes
- 7 Prevention of discrimination
- 8 Empowering women through access to modern contraceptive choice

Each Policy Benchmark chapter highlights within each of these eight policy areas the general findings for the 16 countries examined. In addition, 16 country chapters feature the status regarding each policy area for these countries individually.

The report also tries to capture how much attention, if any, a country gives to vulnerable groups, i.e. those at risk of discrimination or stigma, or social and/or economic exclusion, such as the poor, uninsured, unemployed, minor, migrant women and ethnic minorities such as the Roma minority, undocumented migrants, etc.

## To keep in mind when reading this report:

In the context of both Barometer reports, 'modern contraceptive choice' refers to women and girls' rights to receive information on, as well as access to, the full range of modern contraceptive methods in order to facilitate informed personal decisions on their sexual life, fertility control and management of their health.

'Modern contraceptives' in this report refers to all non-emergency, reversible contraceptive methods enabling young people and young adults to prevent unintended pregnancies. They include a range of different methods, namely male and female condoms, diaphragms, oral contraceptives, vaginal contraceptive rings, contraceptive patches, depot injections and long-acting reversible contraception (LARC), e.g. intra-uterine systems (IUS), intra-uterine devices (IUDs) and sub dermal implants (SDIs).

In general, SRHR issues cover a broad range of areas, including healthy sexual development, equitable and responsible relationships and sexual fulfilment, contraceptive access to control fertility, prevention and management of disease or infection, freedom from fear of violence and other harmful practices related to sexuality.

In both Barometer reports, the SRHR focus is on fertility control and access to modern contraceptives. More importantly, it includes the right to control fertility, to have access to quality reproductive healthcare, and to receive information and education so that women and girls can make an informed choice and can access the most appropriate contraceptive method.

For the scope and definitions of above concepts and other terminology used throughout the survey questionnaire and within this report as well as the 2013 Barometer edition, please see the glossary in Annex 2.



# Methodology

**In a continued joint effort to increase young women's access to contraceptive choice, this second edition of the Barometer report has been developed by the International Planned Parenthood Federation European Network (IPPF EN) with the support of Burson-Marsteller Brussels as a follow up to the first Barometer report that was published in 2013. Both Barometer editions are endorsed by the European Society of Contraception and Reproductive Health (ESC) and the International Centre for Reproductive Health (ICRH).**

The Barometer reports build on the findings of the IPPF EN SAFE I<sup>1</sup> and SAFE II<sup>2</sup> reports, the European Commission REPROSTAT 3 report<sup>3</sup>, the WHO selected practice recommendations for contraceptive use<sup>4</sup> and the European Parliament note on policies for sexuality education in the EU<sup>5</sup>.

To ensure consistency in both Barometer editions, the same methodology as for the first edition was used for the increase from 10 to 16 countries regarding the collection of information, analysis and rating of countries' input. The information included in the first edition for the ten countries has been updated to reflect developments that occurred at national level since the initial data collection in 2012. The information provided by the six new countries was merged with the updated data of the ten existing countries.

The different phases of the development of the two Barometer reports are outlined below.

## 1. Development of the 2013 Barometer edition – Summary

To ensure a geographically balanced scope, as well as a representative European-wide overview, while respecting the time and resource constraints of the project, ten countries were selected to be included in the report, namely, Bulgaria, Czech Republic, France, Germany, Italy, Lithuania, The Netherlands, Poland, Spain and Sweden.

Eight Policy Benchmarks related to access to contraceptive choice were developed, which based how the countries were scored in order to assess the degree to which policies exist and are implemented, monitored and evaluated. The eight Policy Benchmarks are based on the policy areas analysed in the IPPF EN SAFE reports, and are considered key policy components of an effective policy approach to ensure access to modern contraceptives.

An online multiple choice questionnaire was developed with the aim of obtaining an overview of each country's performance, but also a comparison of the policy measures between countries. The project partners selected IPPF EN Member Associations to lead the completion of the questionnaire where possible. In France, Italy and Sweden, the data collection was led by independent national experts. The lead respondents were asked to select the multiple choice answer that best described their country's reality, based on desk research, professional and personal expertise, experience and consultation of other national experts from their own network in order to verify the information gathered and their replies. (A full list of national experts that were involved and endorsed their country chapter can be found in Annex 1).

A scoring system was developed based on the questionnaire to reflect the weight and importance of every policy measure within each Policy Benchmark and to facilitate cross-country comparison. The introductory paragraph of each Policy Benchmark chapter outlines the required elements of a comprehensive policy approach in each policy area, which would correspond to a maximum score.

A number of guidance documents, such as a rating guide, which included definitions for the Policy Benchmarks, and a glossary (see Annex 2) were developed in order to support the national experts in answering the questionnaire, facilitate the rating exercise, and ensure consistency in the scoring amongst different countries.

The 2013 Barometer edition can be found at:  
[http://www.ippfen.org/sites/default/files/Barometer\\_Apr2014.pdf](http://www.ippfen.org/sites/default/files/Barometer_Apr2014.pdf).  
 The full methodology of the 2013 Barometer, that has been followed as a basis for this edition, can be found on page 6.

## 2. Development of the 2015 Barometer edition

Partners agreed in April 2014 to expand the geographical scope of the 2013 Barometer edition to include six additional countries: Latvia, Romania, Ireland, Cyprus, Finland and Denmark. These six countries were selected in order to build upon the geographically balanced scope and respect the methodology of the 2013 edition.

### Phase I – Collection of information (May – September 2014)

The same questionnaire used for the 2013 Barometer edition was circulated for the collection of information.

- For the ten countries that are included in both editions, the experts involved in the 2013 edition reviewed their replies to the questionnaire provided at the time of the first edition. The replies were updated where it was needed to include relevant policy developments and ensure the information and scoring were updated. All national experts involved in the 2013 edition endorsed the updated replies for their country and final country chapter, as featured in this report. Additional national experts were also consulted and confirmed as endorsers.
- For the six new countries, the project partners selected IPPF Member Associations to lead the completion of the online multiple choice questionnaire for the first time. They were also invited to consult other national experts in order to verify the information gathered and their replies.

See Annex 1 for the full list of consulted experts per country that supported the collection of information in reply to the questionnaire and that endorsed their country chapter.

### Phase II – Analysis of the information collected, clarification, rating and drafting (June – October 2014)

Following the methodology in the 2013 Barometer edition, the analysis of the information collected allowed the measuring and updating of:

- Each country's overall divergence from the eight Policy Benchmarks through its 'Country Specific Total' (CST) score.
- The policy-specific ranking between the 16 countries and within each of the countries for the eight Policy Benchmarks through the breakdown sum per Policy Benchmark.

For the ten countries covered in the 2013 Barometer edition, the score for each Policy Benchmark was reviewed based on the updated answers provided by the country experts. Changes in the scoring due to relevant policy developments are indicated in the overview at the beginning of each country chapter.

The Barometer report content, illustrative graphs, key findings and policy recommendations are based on the information gathered through the Barometer survey and related scores.

### Phase III – Expert review (August – November 2014)

The national experts revised their country chapter and the full report was reviewed by IPPF EN.

## Additional notes:

- The report methodology has certain limitations. There may be developments in some countries which have not been identified, or new initiatives that were launched after the data collection phase of this report closed (see Phase I above). The report is not designed as a scientific report, but rather as a policy tool. It provides a description of the current policy environment and country realities with regards to access to modern contraceptive choice, on the basis of the best available factual information, and of a selection of committed experts' professional and personal expertise and experience. There is a need to build on this effort and we welcome any additional data to complement the report's findings.
- For the scope and definitions of above concepts and other terminology used throughout the survey questionnaire and within this report, please see the glossary in Annex 2. The glossary was shared with all country respondents as part of the guidance materials when completing the online survey questionnaire.
- The information collected is based on the knowledge and professional expertise of the country respondents (see list of consulted experts per country in Annex 1).
- The mention of 'experts' throughout this Barometer report refers to the team of country respondents, composed of the lead expert as well as all other national experts endorsing the content of their country chapter (see list of consulted experts per country in Annex 1).

- The online questionnaire was available in English. Where necessary, IPPF EN provided clarifications and guidance to experts who were not native English speakers.
- It was not possible to cover all 28 EU member states in this Barometer report within the available resources. However, the selection of these 16 countries aims to provide a geographically balanced overview of the situation across Europe.

### The 2015 Barometer report, multiple choice questionnaire and scoring overview can be found at:

[www.ippfen.org](http://www.ippfen.org)

If you wish to send us your feedback, comments or any questions you may have regarding the methodology and this report, please do not hesitate to contact IPPF EN at [info@ippfen.org](mailto:info@ippfen.org) or IPPF Senior Programme Advisor, Marieka Vandewiele at: [mvandewiele@ippfen.org](mailto:mvandewiele@ippfen.org).

*The project is supported by a grant from Bayer Pharma AG, Berlin, as a contribution to public health policy towards improved delivery of healthcare and related health services.*

## Conclusions

Regrettably, this second Barometer edition confirms the findings of the first edition regarding the inconsistent approach to sexual and reproductive health and rights (SRHR) in Europe. It highlights, in particular, the most significant gaps in 16 countries in relation to access to modern contraceptives.

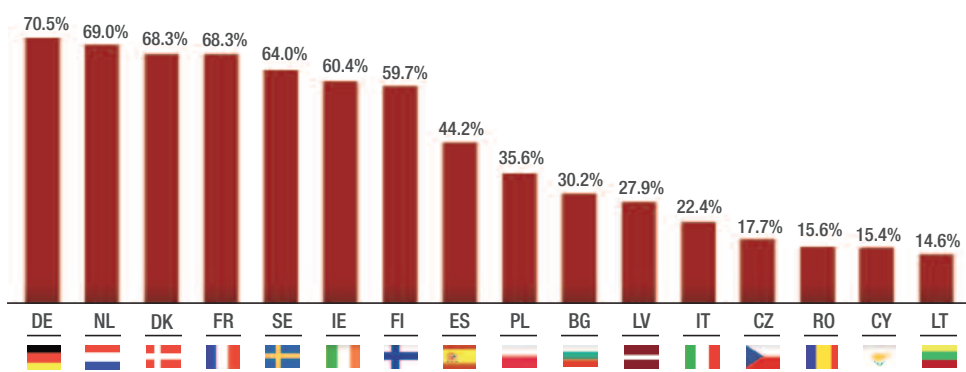
There are, however, some reasons for optimism. In the past two years, we observed a moderate progress in certain policies in a number of countries. Lithuania started developing a law on reproductive health; Cyprus and Denmark improved their sexuality education policy thanks to new provisions and guidelines; France revised the reimbursement scheme for contraceptives to a certain extent; and Poland and Sweden updated their national medical guidelines on contraceptive service delivery.

But the sad fact remains that not all policies improved, and in most countries, the situation has stagnated, or even worsened, over the past years. For example, all initiatives were put on hold in Bulgaria due to political and economic instability, and the withdrawal of international funding in Romania has hampered any improvements in the SRHR framework. Even in countries that have relatively good frameworks in place, such as The Netherlands, there is a constant need to strengthen existing policies and ensure that access to SRHR remains a priority, despite austerity measures and financial constraints.

Our first Barometer report has successfully supported advocates' calls for more ambitious SRHR policies. However, we continue to call on all decision-makers to implement, within a broader SRHR agenda, a comprehensive approach to contraceptive choice, which is key to ensuring the wellbeing of women. It is a crucial precondition to enable women and couples to decide about if and when to have children.

The Barometer reports attempt to draw a picture of the situation of access to modern contraceptive choice across Europe. We are very pleased to have been able to extend the number of countries examined from 10 to 16 in this new Barometer edition, as well as to have confirmed an increasing number of expert endorsers per country chapter. We call on all stakeholders to continue to pursue and expand this research effort, in order to strengthen this policy tool, with comprehensive data.

### Overview Country Specific Total across all Policy Benchmarks



### Policy Recommendations

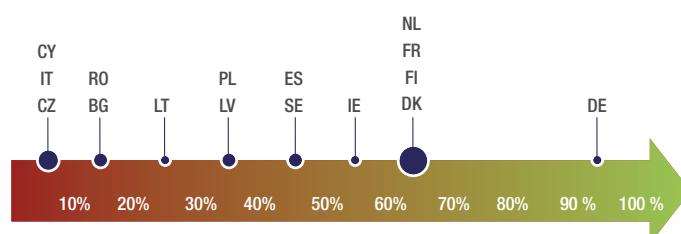
We acknowledge all efforts made so far, but we call upon all parties concerned to further commit to a necessary long-term investment in SRHR policies to ensure appropriate policy focus and progress in access to modern contraceptive choice and the promotion of women's empowerment. We therefore call on policy makers at EU and national level to embrace the following policy recommendations:

#### 1 Policy Making and Strategy

- Develop an integrated and comprehensive national SRHR policy framework addressing all key components of an effective approach to increase access to modern contraceptive choice (see the eight Policy Benchmarks in this report).
- Systematically involve all relevant stakeholders in the development, implementation and evaluation of SRHR policies and strategies.
- Ensure effective implementation of SRHR policies through appropriate funding and efficient monitoring and evaluation systems, including a comprehensive set of relevant indicators.

#### How do countries score?

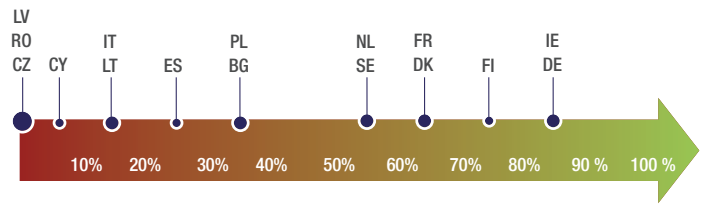
For readability, all the following graphs set out an approximate score for each country clustered when falling between a multiple of ten. For exact score, please consult the policy benchmarks and country chapters.



## ➤ 2 General Awareness through Awareness Campaigns

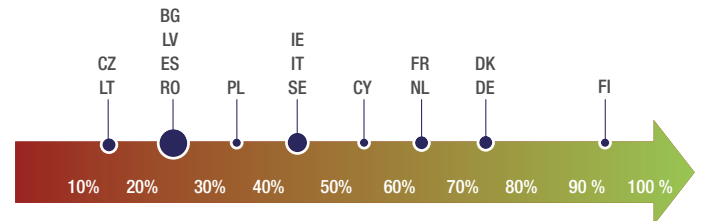
- Ensure full implementation of regular awareness campaigns on SRHR, including information on the full range of modern contraceptive methods.
- Ensure appropriate involvement of all key stakeholders at all stages.
- Address fertility control in the framework of awareness campaigns on gender equality and equal opportunities for women.

### How do countries score?



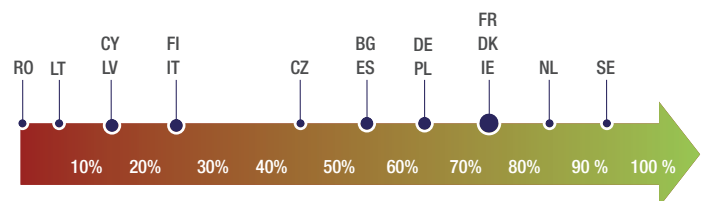
## ➤ 3 Sexuality Education at Schools

- Ensure evidence-based and mandatory comprehensive sexuality education for all pupils.
- Ensure allocation of sufficient time and resources to sexuality education across the country.
- Develop content guidelines for comprehensive sexuality education programmes and provide appropriate training to teachers.



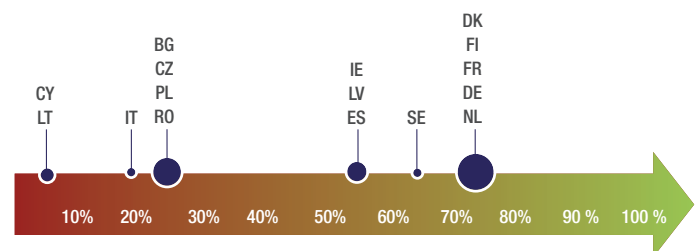
## ➤ 4 Education and Training of Healthcare Professionals and Service Providers

- Develop and implement evidence-based guidelines for healthcare professionals on modern contraceptive choice based on standards set by the World Health Organization (WHO).
- Implement provisions to inform professionals on the latest scientific evidence.
- Develop and implement mandatory education programmes and postgraduate training.



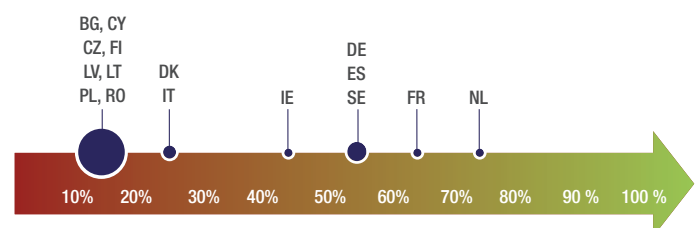
## ➤ 5 Provision of Individualised Counselling and Quality Services on SRHR

- Implement minimum quality standards and improve accessibility to ensure that individualised counselling is a key component of quality SRHR services.
- Develop and regularly update guidance for healthcare professionals on individualised SRHR counselling.
- Include individualised counselling as key objective of the medical curriculum and practicum.



## ➤ 6 Existence of Reimbursement Schemes

- Ensure equal access and availability of all modern contraceptive methods across the country.
- Develop adequate reimbursement schemes for modern contraceptive methods that address financial barriers of young women and vulnerable groups.
- Ensure regular review of reimbursement schemes.



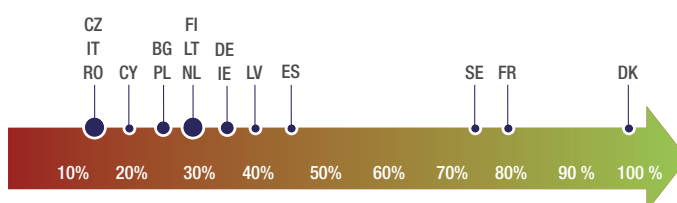
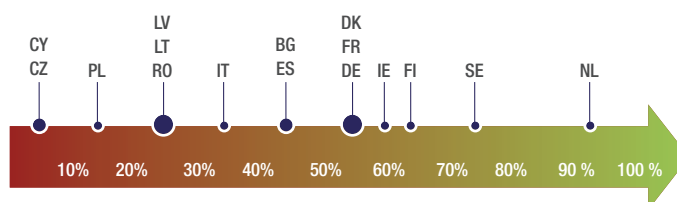
## 7 Prevention of Discrimination and SRHR

- Develop targeted provisions to address social and health inequalities in all SRHR policies.
- Address stigmatisation as a barrier to seeking and providing SRHR and counselling services.

## 8 Women's Empowerment through Access to Modern Contraceptive Choice

- Develop specific measures to improve access to contraceptive choice in the context of gender equality policies.
- Implement nation-wide monitoring systems to assess the effectiveness of gender equality policies, including a comprehensive set of relevant indicators.

### How do countries score?



## 1 Barometer results by Policy Area

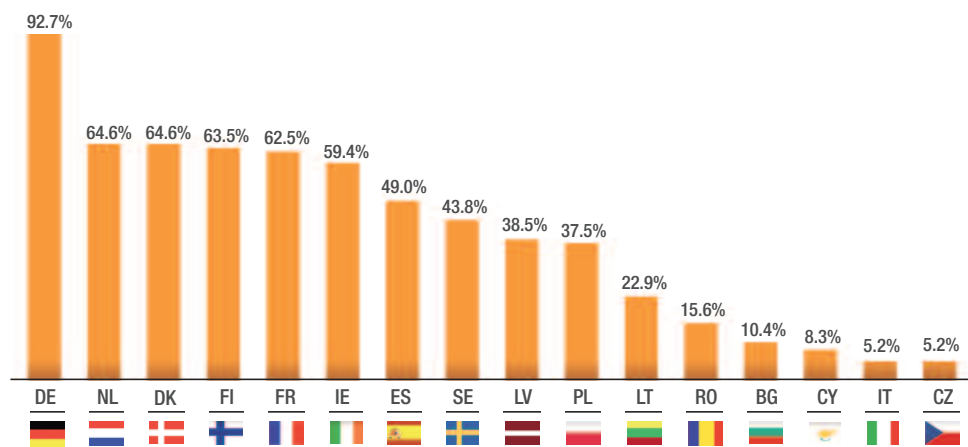
# Policy Making and Strategy

Policy plays a crucial role in ensuring the right and access to information and services that allow people to make informed choices about their own fertility and to prevent unintended pregnancies. In order to be effective though, policy should focus on the relevant objectives and shape strategies related to sexual and reproductive health and rights (SRHR), including fertility control. Policy should also be developed by governments in close cooperation and engagement with relevant stakeholders. These stakeholders can include civil society organisations, NGOs, healthcare professionals, young adults, women, educational authorities, etc. Monitoring systems are vital in order to evaluate the impact and effectiveness of all policies and initiatives in place and inform any necessary review.

## Key findings

- Less than half of the countries examined have shaped and implemented a comprehensive SRHR strategy with a specific focus on fertility control and access to modern contraceptive choice.
- In a few countries, plans to develop a strategy were put on hold due to other policy priorities and political changes.
- Policy measures on SRHR are generally scattered and limited. The lack of or poor political leadership and financial support for SRHR are common obstacles. Religious influence in some countries also presents a barrier.
- The level of stakeholder involvement in the development and implementation of SRHR policies varies significantly across countries, ranging from systematic involvement in a structured manner to occasional dialogue with stakeholders or even no involvement at all. Regional differences within countries are also observed.
- Monitoring and evaluation systems of SRHR policies are poorly developed in almost all countries examined. Monitoring indicators are limited and vary across countries.

## Policy Benchmark results by country



## General overview – how do countries score?

Compared with the 2013 Barometer edition, Germany continues to rank considerably higher than the other countries examined in this survey. It scores high in all aspects related to the establishment, implementation, and evaluation of a national SRHR policy strategy.

Germany is followed by The Netherlands, Denmark and Finland, which also have comprehensive policy frameworks on SRHR covering all contraceptive methods. In Denmark and Finland however, SRHR policies often lack implementation at local level.

In The Netherlands, systematic involvement of relevant stakeholders in the development and implementation of SRHR policies should be improved.

In Lithuania, the government started to develop in 2014 a law on reproductive health but the final scope and timeline for adoption is unclear.

Other areas for improvement in the field of SRHR policies in almost all countries include the quality of monitoring systems and timely review of policies.

In Cyprus, Italy and the Czech Republic, SRHR policies are ranked very low or are practically absent from the institutional agendas.

Religious opposition is considered to play a major role in the lack of or poor implementation of SRHR policies in Cyprus, Italy, Lithuania, Poland and Romania.

## Existence and implementation of national SRHR strategies or policy frameworks

Germany, France and The Netherlands are the only countries examined in this survey that have adopted and implemented a national strategy or comprehensive policy framework on SRHR, financially supported by the government, with a focus on access to contraceptive choice.

In Ireland and Latvia, while there is a policy framework on SRHR financially supported by the government, it does not address all modern contraceptive methods. In Ireland, the policy framework mostly focuses on prevention of unintended pregnancies, but a more comprehensive strategy is expected to be adopted in the near future.

In Finland and Denmark, while the existing policy framework aims to ensure access to the whole range of contraceptive methods, it lacks appropriate implementation and funding. An upcoming reform of the social and healthcare system in Finland is expected to improve centralisation and the consequent implementation of SRHR policies.



### Existence and implementation of national SRHR strategies or policy frameworks



In Poland, the national SRHR strategy continues to lack sufficient political and financial support from the government, and it is not fully implemented.

In Spain, implementation of a national SRHR strategy developed in 2011 has been put on hold following the government change.

In Sweden, a long-awaited proposal for a national SRHR strategy was put forward by the Swedish government in September 2014. The draft recognises prevention of unintended pregnancies as a priority area. At the time of the survey, next steps for adoption and implementation were unclear.

Failed policy attempts to improve SRHR and contraceptive choice have taken place in Bulgaria and Romania, where the development and renewal of the SRHR strategy have been put on hold.

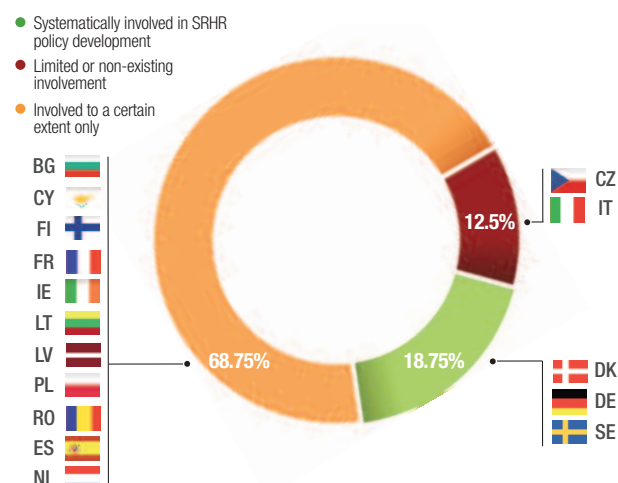
In Cyprus, although there have been informal talks to develop a dedicated policy framework for SRHR, it is not a political priority.

The Czech Republic and Italy also still have no national SRHR strategy in place. In these two countries, along with Cyprus and Romania, SRHR are indirectly addressed through other scattered policy initiatives. In Italy, the decentralisation of the health delivery system and relative high autonomy of the regions hinder the development and implementation of a comprehensive country-wide SRHR strategy.

### Stakeholder involvement in the development and implementation of national SRHR related policies

Germany and Sweden are the only countries examined in this survey where stakeholders are systematically involved in the development of SRHR related policies. In Germany, however, relevant stakeholders are less involved in the implementation, and in Sweden, regional differences exist with regards to stakeholders' responsibilities in the process.

### Involvement of stakeholders in policy development



In Denmark, although stakeholders are, in principle, fully involved in the development and implementation of national policies, in practice, mechanisms to guarantee their participation are not properly enforced.

In Poland, Ireland, France, Finland, The Netherlands, Spain and Latvia, stakeholders are only involved in policy development and implementation to a certain extent and not necessarily in a structured manner. In Finland, there are significant differences across the country regarding the involvement of stakeholders in the implementation of policies at local level.

In Cyprus, Lithuania and Romania, while stakeholders are consulted for the development of SRHR policies, they are not involved in their implementation.

In Bulgaria, NGOs are driving the SRHR debate. Although their expertise is recognised, the government only refers to these partners and experts on an ad hoc basis, when specific and technical questions need to be addressed or when an emergency response is needed.

In the Czech Republic and Italy, dialogue between the government and stakeholders is very limited or non-existing.



### Existence of monitoring and evaluation systems and SRHR policy review

Germany, Finland and Ireland are the only countries examined which ensure that SRHR related policies are systematically reviewed to address shortcomings and gaps in a timely manner. In Finland and Ireland, however, the review does not necessarily take into account the results of existing monitoring and evaluation systems.

In Denmark, Poland, France, Latvia, The Netherlands and Spain, SRHR related policies are also reviewed, but not systematically or in a timely manner.

Germany, France and The Netherlands have government run monitoring and evaluation systems in place, which aim to assess the impact of SRHR policies. In France, however, these evaluation systems do not involve stakeholders.

Whereas there were no monitoring systems in Sweden until recently, a new inspectorate has been created to monitor the quality of care in healthcare settings, including for SRHR services.

A change in the number of unintended pregnancies is still the most common evaluation indicator used in monitoring systems, where these exist. Other indicators that are often used by the examined countries include shifts in people's attitude, women's access to education and women's integration in the labour market. In The Netherlands, the number of GP consultations, youth sexual health services on contraception, unintended pregnancies, teenage pregnancies and abortions are used to monitor and evaluate SRHR policy.

In Poland, Spain, Ireland, Sweden and Italy, the monitoring and evaluation systems in place are not properly implemented.

In Finland, monitoring and evaluation systems are limited to population health surveys which provide limited information on SRHR.

In Romania, data on SRHR are published on a regular basis but not taken into account by the Ministry of Health to review existing policies.

In all other countries examined, there are no monitoring and evaluation systems in place.

## 2 Barometer results by Policy Area

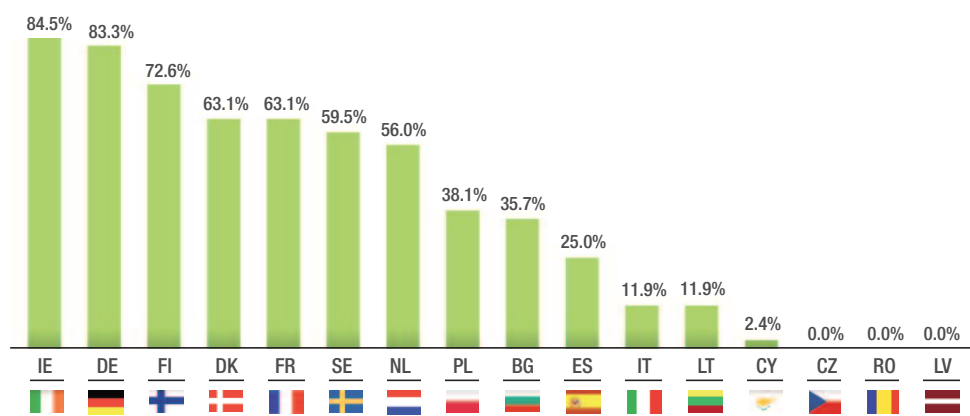
# General Awareness of Sexual and Reproductive Health and Rights and Modern Contraceptive Choice

Access to comprehensive information on sexual and reproductive health and rights (SRHR) as well as services and the full choice of contraceptive methods is crucial to help prevent unintended pregnancies and promote informed choice on fertility control, health management and lifestyle. Targeted communication tools (flyers, posters, brochures) and communication channels (conferences, events, informative websites, (social) media coverage etc.) are all valuable tools to reach the target audience. It is also an effective way to provide comprehensive information on fertility control and modern contraceptives. When developing SRHR awareness campaigns, the involvement of civil society organisations, NGOs, healthcare professionals, women and young people is important to ensure that everyone's needs are covered and effective campaigns are put in place.

### Key findings

- Similar to the 2013 Barometer edition, in most countries examined, experts find that general public awareness of SRHR and contraceptive choice is low or could be improved. They consider this the result of a lack of government support, lack of resources, and/or lack of a coordinated governmental approach.
- At the time of this survey, only three countries amongst the 16 examined had ongoing government funded SRHR awareness campaigns in place, including comprehensive information on contraceptive choice and how to prevent unintended pregnancies. In four countries, SRHR related campaigns tend to focus on sexually transmitted infections (STIs) or condom use and do not address the wide range of contraceptive methods.
- In most countries, involvement of all relevant stakeholders in the development of SRHR campaigns is lacking.
- Less than half of the countries examined have regular government funded information campaigns on equal opportunities for women in place. Only in two countries do these campaigns refer, to some extent, to the role of fertility control and modern contraceptive choice for women as a way to achieve their professional and personal aspirations.
- In the majority of countries examined, there are no, or only poorly implemented, governmental monitoring and evaluation systems in place for SRHR awareness campaigns.

### Policy Benchmark results by country



### General overview – how do countries score?

Less than half of the countries examined score above average in this policy area.

Ireland and Germany score highest due to comprehensive SRHR awareness raising campaigns that are monitored and implemented evenly across the country and include information on contraception as well as campaigns on equal opportunities. In Ireland, there are also campaigns targeted specifically at vulnerable people at risk of economic and social exclusion.

The Netherlands scores lower than in the 2013 Barometer edition due to the cancellation of all awareness raising campaigns on health issues in 2014.

In all countries where SRHR campaigns exist, national governments develop SRHR campaigns in consultation with at least some relevant stakeholders.

All countries also have SRHR campaigns targeted specifically at young people and young adults. In Poland however, these specific campaigns are led by NGOs.

The difficult economic situation in Spain has led to a dramatic decrease in government funding available for SRHR related awareness campaigns. In Romania, due to a lack of funding following the country's accession to the EU, no SRHR campaigns have been run since 2008.

In Italy, Lithuania, the Czech Republic, Latvia and Cyprus, there are no SRHR awareness raising campaigns. In Lithuania and Italy, there are campaigns on equal opportunities, which, however, do not focus on contraceptive choice and are not monitored or evaluated. In Cyprus, there are plans to develop campaigns targeting certain vulnerable groups.



### Existence of government funded awareness campaigns on SRHR

In half of the countries examined, namely Germany, Bulgaria, Denmark, Sweden, Ireland, Poland, Finland and France, there are ongoing or regular SRHR awareness campaigns, led or funded by national governments.

Only in France, Germany and Ireland do government funded SRHR campaigns also include comprehensive targeted information on modern contraceptive choice and the full range of contraceptives.

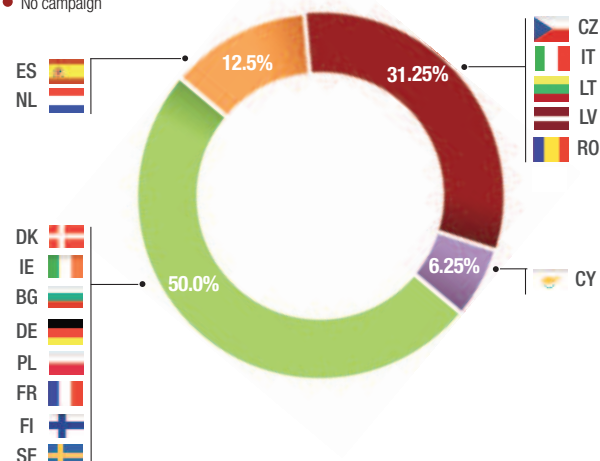
In The Netherlands, although there used to be government funded campaigns which provided information on the full range of contraceptive methods, the government cancelled all awareness raising campaigns on health issues in 2014 due to lack of political support and austerity measures.

In Spain, awareness raising campaigns were run in the past but experts now consider the economic situation to represent a major threat to the provision of adequate support for future SRHR awareness initiatives. In Denmark, stakeholders call on the government to provide increased and more secure government funding to ensure more regular SRHR campaigns.

In Spain, Denmark, Finland and Sweden, the campaigns usually provide only limited information on fertility control and modern contraceptives. Their main focus is generally on the prevention of STIs and condom use. In Finland, smaller campaigns exist on other contraceptive methods, including long-acting reversible contraception (LARC), but these are targeted at healthcare professionals specifically. In Poland, awareness campaigns on modern contraceptives are generally run by NGO stakeholders and the medical community, without endorsement or support from public authorities.

### Existence of government funded SRHR awareness campaigns

- Current government funded campaigns
- Existing plans to develop campaigns
- Past government funded campaigns
- No campaign



In the Czech Republic, Lithuania, Latvia, Romania and Italy, there are no ongoing or regular government led awareness campaigns on SRHR. In Romania, while the draft National Public Health Strategy foresees the development of SRHR campaigns, at the time of this survey, it was unclear whether this provision would be funded and implemented.

Denmark, Finland, Ireland and France are the only countries where all relevant stakeholders are involved in the development of SRHR related campaigns. In France however, their actual participation is limited.

Bulgaria has specific government led SRHR awareness campaigns targeted at vulnerable people at risk of economic and social exclusion (e.g. Roma community).

Ireland is the only country where stakeholders consider that campaigns are well funded and receive the necessary support for proper implementation. In Bulgaria, Denmark, Finland, France, Germany, Poland, Sweden and The Netherlands, this is only the case to a certain extent.

### Existence of government funded awareness campaigns on equal opportunities for women

At the time of this survey, in Finland, Germany, Ireland, Italy, Lithuania and Poland, there were ongoing or regular awareness campaigns funded by the government that aimed to promote equal opportunities for women.

Finland and Germany are the only countries where campaigns on equal opportunities include a component on SRHR and contraceptive choice. According to stakeholders, the information provided could, however, be improved.

### Existence of government funded awareness campaigns on equal opportunities for women including a component on SRHR and contraceptive choice

Bulgaria	●	Ireland	●	Spain	●
Cyprus	●	Italy	●	Sweden	●
Czech Republic	●	Latvia	●		
Denmark	●	Lithuania	●		
Finland	●	The Netherlands	●		
France	●	Poland	●		
Germany	●	Romania	●		

● Yes  
 ● No  
 ● Existing campaigns on equal opportunities do not refer to SRHR

### Existence and implementation of monitoring and evaluation systems

Germany, Denmark, France, Ireland and Sweden are the only countries examined which have monitoring systems in place, run by their respective national governments, that measure the impact of SRHR awareness campaigns.

In these countries, the results of the evaluation are also taken into consideration when developing future SRHR awareness campaigns.

In Poland and Finland, monitoring systems to measure the impact of SRHR campaigns are foreseen, but not properly implemented. In Finland, limited information is gathered on the number of people reached.

No governmental monitoring systems are in place in the other countries examined in this survey.

### Effectiveness of SRHR awareness campaigns in reaching the target audience

In Denmark, Finland, Ireland, Germany, The Netherlands and Sweden, experts generally consider that government funded awareness campaigns reach the target audience effectively.

In Poland, experts do not believe that the existing SRHR awareness campaigns are reaching the target audience effectively, as they only reach people covered by health insurance.

In Italy, Lithuania, Bulgaria, France, Poland and Spain, there is no public information available on the impact of awareness campaigns.



### 3 Barometer results by Policy Area

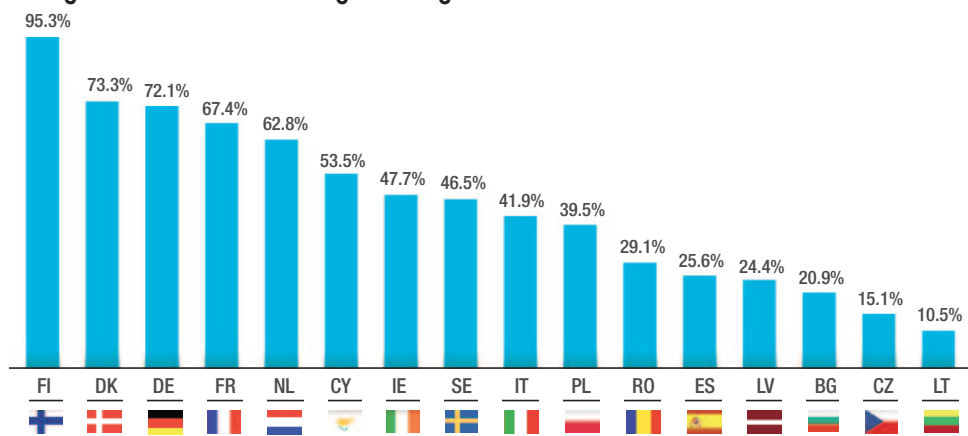
# Education on Sexual and Reproductive Health and Rights and Modern Contraceptive Choice for Young People and Young Adults

Education on sexual and reproductive health and rights (SRHR) throughout adolescence should include information on the range of available modern contraceptives. This education is important to prevent unintended pregnancies, as well as to empower young adults to make informed choices about their sexual health. Education can also help them realise their social and professional aspirations. Sexuality education is mainly delivered at schools<sup>6</sup>.

## Key findings

- As in the 2013 Barometer edition, the extent to which sexuality education is provided at schools and the content of sexuality education are largely heterogeneous across and within the countries examined in this survey, as both rely significantly on the personal knowledge and views of individual teachers.
- Sexuality education is mandatory in just over half of the countries examined, but rarely covers complete, scientific information on the full range and use of contraceptives. With regards to effective contribution to preventing unintended pregnancies for young adults, experts generally consider that the current sexuality education at schools is insufficient.
- Teaching young adults about sexuality is opposed by conservative and religious groups in some countries examined. In the countries influenced by the Catholic Church, the implementation of effective sexuality education is more difficult, and in one country examined, it even led to the promotion of sexual abstinence in schools.
- The need to guarantee and improve sexuality education is a high priority and called for urgently by experts in all countries.
- Outstanding areas to be addressed include the improvement of skills and knowledge among teachers through appropriate training, supporting educational materials based on a human rights approach, comprehensive guidance and the evaluation of the impact of sexuality education.
- In only a few of the countries examined, governments have put in place targeted education measures for vulnerable people at risk of discrimination, stigma, social or economic exclusion.

## Policy Benchmark results by country



## General overview – how do countries score?

Finland stands out as the country where sexuality education is most advanced among the countries covered. It is followed by Denmark, Germany, France and The Netherlands, which also score high in comparison to the other countries examined.

In The Netherlands, Germany, France, Finland, Denmark and Italy, in particular, experts consider sexuality education at school to provide credible and evidence-based information on modern methods of contraception. In Cyprus, information is credible but is lacking the latest evidence-based information. In the other countries examined, sexuality education is not considered to provide credible and evidence-based information.

Sexuality education is currently mandatory in Cyprus, Germany, France, Finland, Latvia, Ireland, The Netherlands, Denmark and Sweden. In all the other countries examined, it is offered on a voluntary basis. Although there were plans in Bulgaria to make comprehensive sexuality education mandatory, the government that took office in 2013 put all progress on hold.

In Poland, there is no mandatory attendance of pupils required and parents can remove their children from the dedicated courses. In Italy, austerity measures led to further regional disparities for the provision of sexuality education.

Finland is the only country where experts consider that the teachers master all the required skills and knowledge to provide sexuality education at schools. In the Czech Republic, Sweden, The Netherlands, Germany, Ireland, Cyprus, Denmark and Italy, teachers are considered to have certain skills necessary to provide sexuality education. In the other countries, teachers do not have the required skills and knowledge.

## Content of sexuality education and teachers' guidelines

In general, individual teachers play an important role in determining the content of sexuality education, since they often have leeway in deciding what they cover in sexuality education lessons.

Training courses for teachers on how to provide sexuality education are supported by educational authorities in Sweden, France, Finland, Cyprus, Ireland, Poland, Denmark and Germany, while there is a distinct lack of such training in the Czech Republic, Lithuania, Bulgaria, Romania, Latvia, The Netherlands, Spain and Italy.

In Cyprus and Finland, concrete governmental guidelines for teachers on the content of sexuality education exist. Denmark also recently adopted updated

## Content of sexuality education and teachers' guidelines and training

	Mandatory sexuality education*	Content guidelines**	Teachers training***
Bulgaria	●	●	●
Cyprus	●	●	●
Czech Republic	●	●	●
Denmark	●	●	●
Finland	●	●	●
France	●	●	●
Germany	●	●	●
Ireland	●	●	●
Italy	●	●	●
Latvia	●	●	●
Lithuania	●	●	●
The Netherlands	●	●	●
Poland	●	●	●
Romania	●	●	●
Spain	●	●	●
Sweden	●	●	●

● Mandatory  
 ● Voluntary  
 ● N/A

● Concrete guidelines  
 ● Vague guidelines/individual teachers' decision  
 ● N/A

● Yes  
 ● No

\* Based on Policy Benchmark 3 Question 1.1: "Is the school-based sexuality education in your country led or supported by the government?"

\*\* Based on Policy Benchmark 3 Question 1.1: "Is the school-based sexuality education in your country led or supported by the government?"

\*\*\* Based on Policy Benchmark 3 Question 1.10: "Are there training courses for teachers on how to provide appropriate sexuality education?"

guidelines but teachers are in general not aware of their content. In France, guidelines on the content of sexuality education are vague.

In Sweden, Ireland, Germany and The Netherlands, although sexuality education is mandatory, the content is mainly decided on by teachers individually. In The Netherlands, however, the guidelines for teachers have been revised by NGOs with the support of the government and now include an increased focus on education on contraception. Latvia also has mandatory sexuality education but it is under-resourced and part of more general courses.

In the Czech Republic, Poland, Romania and Spain, some type of sexuality education is suggested by the Ministry without details on the content. In the Czech Republic, however, additional standards for sexuality education were under development at the time of this survey. In these countries, as well as in Italy and Lithuania, religious opposition may influence the content of sexuality education.

In Bulgaria, the adoption of a draft law on health education, including sexuality education, has been put on hold in 2013 when the government elected took office.

In Cyprus, Finland, France and Germany, educational authorities issued guidelines for teachers on how to provide sexuality education, and they are considered to be widely taken into consideration. In Denmark, Ireland, Lithuania and Poland, such guidelines exist but are not implemented.

In Lithuania, sexuality education is based on abstinence only programmes.

In France and Finland, sexuality education is considered to provide comprehensive information on SRHR and the full range and use of contraceptives. In France however, this is only the case where sexuality education exists as equal implementation across the country is lacking. In Poland, Cyprus, Spain, Denmark, Romania, Ireland and Italy, sexuality education includes only limited or non-consistent information on the range and use of contraceptives. In Sweden, education focuses on raising awareness of unintended pregnancies but does not offer information on the range and use of contraceptives. In the Czech Republic, Germany, Latvia and The Netherlands, no system is in place to assess to which extent the range of contraceptive methods is covered.

In Sweden, The Netherlands, Ireland, Finland, Germany, Denmark and Latvia, experts consider that teachers are provided with useful educational materials,

issued or funded by the government. In Cyprus, Denmark, Poland and Romania, teachers are provided with useful materials to a certain extent only. In the other countries, there is a general lack of useful materials to support sexuality education.

## Existence and implementation of governmental monitoring and evaluation systems

Germany and The Netherlands are the only two countries examined where educational authorities regularly review the impact and outcome of sexuality education at schools, through monitoring and evaluation systems, subsequently taking the results into account when developing follow up programmes. In Finland, a monitoring system is also in place by means of exams and surveys, but the results are not always taken into account when developing follow up programmes.

Romania also has a monitoring system in place, but does not use the results to improve its educational system. None of the other countries examined have monitoring and evaluation systems in place.

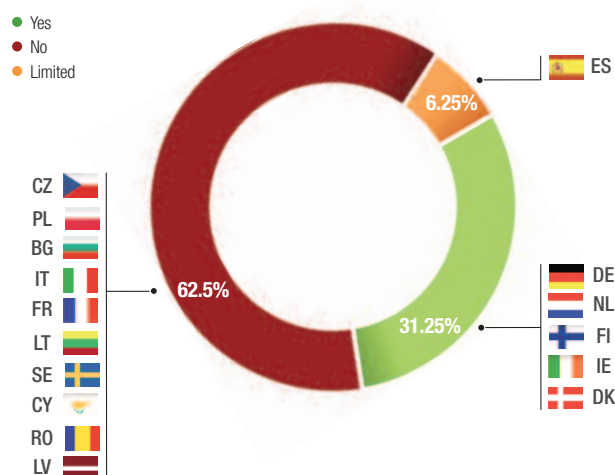


## Government Funding of targeted sexuality education For vulnerable people

In Germany, Ireland, Finland, The Netherlands and Denmark, there are targeted sexuality education measures for people at risk of social and economic exclusion, including information on the range and use of modern contraceptives. To a certain extent, this is also the case in Spain, although the information on modern contraceptives is considered limited.

In the other countries examined, there is no targeted support or funding for sexuality education that targets population groups at risk of exclusion.

## Existence of government funded sexuality education For vulnerable people



## 4 Barometer results by Policy Area

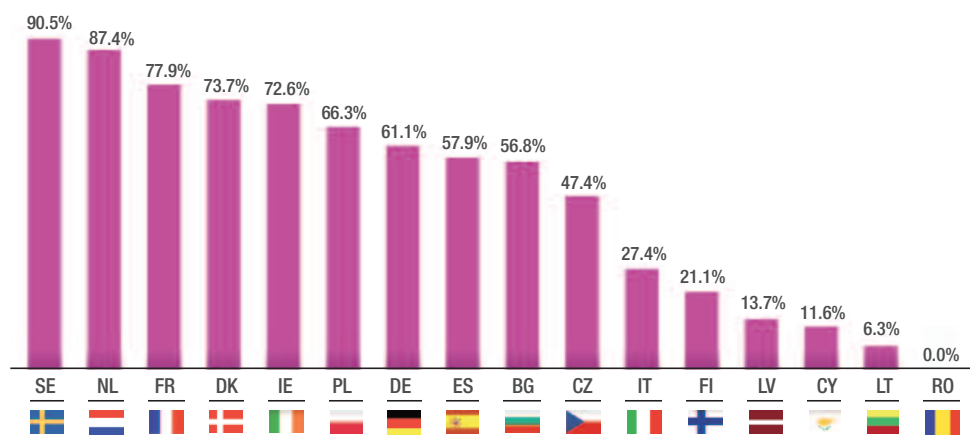
# Education and Training of Healthcare Professionals and Service Providers ➤

Healthcare professionals and service providers need the right information, skills and attitudes to provide effective counselling on fertility control and contraceptive use. Training and skills development, including communications skills, are crucial in order to guarantee quality, trusted and friendly services to women and couples. This is particularly important for young people and young adults seeking advice on their sexual life. In addition to private practices, medical institutes and pharmacies, other service providers need to be adequately educated and trained, such as family planning staff, peer educators, school nurses, social workers and midwives.

## ➤ Key findings

- As in the 2013 Barometer edition, in a number of the countries examined, there is a lack of credible and qualitative guidelines for healthcare professionals and service providers on modern contraceptive service delivery.
- Where such guidelines exist, they are often only partially implemented.
- The influence of the Catholic Church results in greater stigmatisation of contraception among healthcare professionals. Experts refer to religious opposition and the right to conscientious objection as key obstacles to access contraceptives in some countries.
- In most countries examined, there is a lack of sufficient support from the national authorities for the development and implementation of systematically organised education programmes and postgraduate trainings on fertility control, family planning and contraceptive choice for healthcare professionals, as well as service providers.

## Policy Benchmark results by country



## General overview – how do countries score?

Sweden and The Netherlands rank very high compared to the other countries. They have credible and evidence-based guidelines for healthcare professionals on modern contraceptive service delivery and counselling, as well as dedicated trainings on family planning and fertility control in place. Sweden scores even higher as it recently introduced guidelines addressing specific needs for vulnerable groups.

France and Denmark also have evidence-based guidelines on contraceptive service delivery that are consistently implemented across the country. France, however, lacks education and training programmes for healthcare professionals. The Danish, Czech and Spanish guidelines provide minimum quality standards only to a certain extent. It is also the case in Ireland, but in addition, experts refer to the right to conscientious objection as an access hurdle.

In Poland, Germany, the Czech Republic, Spain, Bulgaria and Italy, healthcare professionals' guidelines and recommendations on family planning counselling and services also exist. However, their implementation is inconsistent, and they generally fail to address the full range of contraceptives.

In Latvia and Lithuania, no educational programmes or harmonised guidelines on the range and use of contraceptives exist. In Lithuania this is considered to be due to the influence of the Catholic Church which results in stigmatisation of contraception related issues.

In Cyprus and Finland, there are plans to develop recommendations on family planning and contraceptive service delivery and counselling.

In Romania, healthcare professionals' education is not addressed.

## Existence and quality of healthcare professionals' guidelines and recommendations on modern contraceptive services and counselling

In Denmark, Sweden, France and The Netherlands, high quality modern contraceptive service delivery and counselling by healthcare professionals is encouraged through the implementation of quality standards and specific guidelines on individualised counselling. In Sweden, regional differences



exist as some regions have their own guidelines. The Netherlands and Denmark are the only countries examined where these guidelines are systematically updated in order to take account of scientific developments and new evidence.

In the Czech Republic, Germany, Ireland, Spain, Poland, Bulgaria and Italy, recommendations on modern contraceptive service delivery and counselling are developed by the regional authorities, associations of healthcare professionals, insurance funds and/or NGOs. They are, however, not supported by the Ministry of Health. Implementation is uneven, leading to differences in quality of care and counselling across the country. In these countries, the guidelines only refer to a limited range of contraceptives. However although Ireland has guidelines on the full range of modern contraceptives, in practice, the right to conscientious objection impedes access.

At the time of the survey, Finland only had guidelines on emergency contraception and abortion in place but the development of guidelines on the full range of contraceptive methods had been recently launched by a medical society and the government. The Cypriot government announced plans to develop guidelines on contraception as part of the country's healthcare system reform.

In Lithuania, Latvia and Romania, there are no guidelines or recommendations on modern contraceptive service delivery and counselling. In Latvia and Romania, WHO guidelines have been translated but are not endorsed by healthcare professionals' organisations or by the state. In Lithuania, religious opposition plays a role.

France and Sweden are the only countries where the guidelines address specific needs of vulnerable people.

### Existence and quality of guidelines on modern contraceptive services and counselling



### Existence of education programmes for medical students

In all countries examined except the Czech Republic and Romania, there are national education programmes for medical students on family planning, fertility control and modern contraceptive choice.

In Bulgaria, Denmark, Finland, Germany, Ireland, Poland, Sweden and The Netherlands, such education programmes are part of the medical curriculum and practicum and are compulsory in all medical schools and training.

In Lithuania, France, Spain and Italy, such education programmes are only part of some specialists' curricula.

In Latvia, it is included in all medical curricula as an optional subject.

In Germany, Italy, Lithuania and Poland, the education programmes are not regularly updated.

In Cyprus, national medical programmes were only launched at the time of this survey. They aimed to be part of the medical curriculum and practicum of some students only.

### Existence of postgraduate training programmes on modern contraception

Postgraduate training programmes on family planning and modern contraceptive choice are recognised by the competent authorities in the Czech Republic, Bulgaria, Ireland, Poland, The Netherlands, Spain and Sweden.

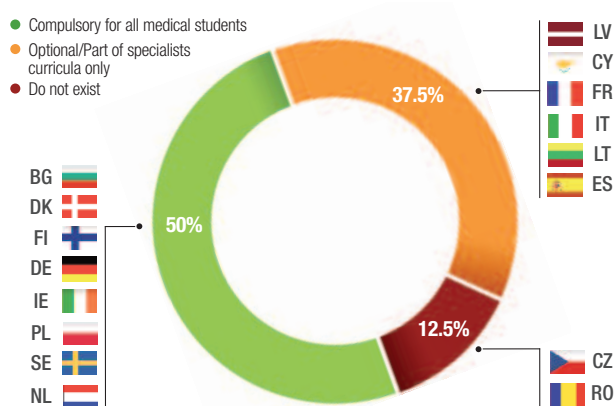
Sweden and the Czech Republic are the only two countries where postgraduate training programmes are organised every year.

In Poland, postgraduate training is informal and limited.

In Bulgaria, some information on modern contraception is provided through specific postgraduate trainings for general practitioners (GPs) and specialised doctors, organised every few years. However, the information is mainly disseminated at symposia and conferences.



### Existence of education programmes on Fertility control/Family planning and modern contraceptive choice for medical students



In Ireland, The Netherlands and Spain, training programmes on contraception for GPs are organised by expert groups but only every few years.

In Germany, postgraduate training programmes on modern contraception are very limited or non-existing. In Italy, healthcare professionals can only rely on information provided during congresses. In France, Finland and Latvia, the government does not provide postgraduate training on contraception, but healthcare professionals are attending trainings organised by NGOs. In Denmark, Cyprus and Romania, there are no postgraduate trainings on contraception. In Romania, trainings stopped when international development partners withdrew their support following the country's accession to the EU.

In Lithuania, postgraduate training on contraceptive choice does not exist. Experts determine this to be related to the strong influence of the Catholic Church on academic and professional bodies, which favour a conservative approach to reproductive health.

### Postgraduate training programmes for healthcare professionals

Exist and organised every year	CZ SE
Exist and organised every few years	BG ES IE NL
Exist but not regularly organised	PL FR LV FI
Do not exist	DE LT IT RO CY DK

## 5 Barometer results by Policy Area

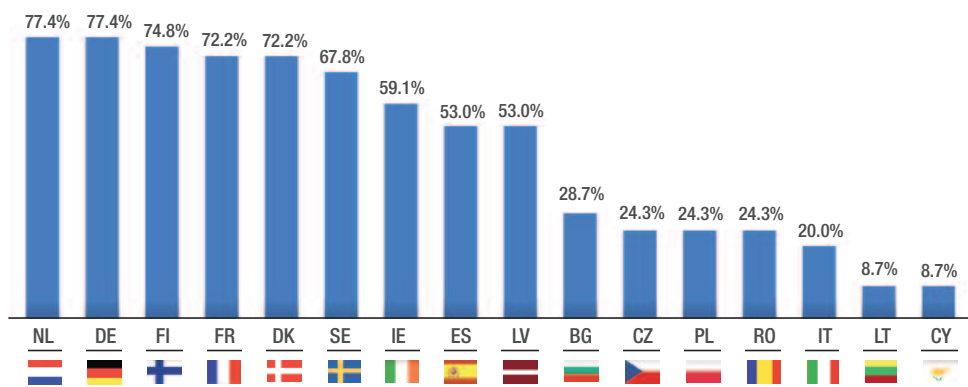
# Provision of Individualised Counselling and Quality Services

**Personalised, targeted counselling is a crucial component of quality healthcare services. Healthcare professionals and service providers need to provide women and couples with individualised advice, based on their personal situation, needs and lifestyle choices. This includes youth-friendly services with adequate facilities that guarantee easy access to counselling and confidentiality. It also involves promoting information and discussion about the available range and use of contraceptive methods, in order to help people make informed choices and promote proper use of fertility control methods.**

## Key findings

- In more than half of the countries covered in this survey, there is a general awareness of individualised counselling as a key component of quality sexual and reproductive health services. However, where individualised counselling exists, experts call for improved availability and quality of counselling services.
- In almost all countries examined, there is a general lack of evaluation and monitoring systems to ensure proper implementation of guidelines and quality standards of individualised counselling. In the few countries where monitoring systems exist, these are not properly implemented and the evaluation results are not taken into account to inform future reviews.
- In less than half of the countries examined, facilities across the country are sufficiently equipped to provide the full range of contraceptives nation-wide.
- In less than half of the countries examined, healthcare professionals and service providers receive satisfactory training on individualised counselling as part of their medical curriculum and practicum. Postgraduate programmes on individualised counselling exist in only ten countries covered.
- Similar to the chapter on education and training of healthcare professionals, in some countries, religious opposition influences the delivery of counselling and contraceptive services and further reduces access to quality services.

## Policy Benchmark results by country



## General overview

Finland, France, Germany, Latvia, Sweden and The Netherlands offer individualised counselling as a clear objective under the current policy framework. In Denmark, Ireland, Romania and Spain, individualised counselling is only partially foreseen in the national policy framework.

In Finland, France, Germany, Latvia, Sweden, Denmark and Spain, however, the implementation of the national guidelines on individualised counselling varies across the country, sometimes due to different clinic policies and/or lack of knowledge, information or awareness. According to experts, the implementation of government provisions for individualised counselling is lacking in Ireland, Romania and The Netherlands.

In Bulgaria, Cyprus, the Czech Republic, Italy, Lithuania and Poland, individualised counselling is not required, nor recommended by the government.

In Spain and Italy, in particular, access to counselling services is negatively impacted by budget cuts according to experts. On the other hand, the Swedish government improved access through the creation of a national web-based youth clinic.

In all countries examined, the confidentiality of counselling services is protected by a legal framework. However, in Lithuania, Cyprus, Latvia and Romania, it is not always respected by healthcare professionals.

## Availability and quality of individualised counselling and services

In general, in all countries except Cyprus and the Czech Republic, healthcare facilities are equipped to provide all modern contraceptive methods. Experts do however refer to local disparities in Finland, Germany, Ireland, Lithuania, Italy, Poland and Sweden.

In Poland, healthcare professionals can resort to a 'conscience clause' and refuse prescribing and fitting contraceptive methods. In Germany, church clinics often restrain from counselling on the full range of contraceptives. In Finland and Ireland, not all trained staff can ensure fitting and/or removal of some types of contraceptives, experts say.

In The Netherlands and Denmark, counselling services are the most available in comparison to the other countries examined. They are generally provided in easily accessible locations across the country,

## Best in class for quality of individualised counselling and services

	Accessibility*	Publicity**	Equipment***	Confidentiality****
Bulgaria	●	●	●	●
Cyprus	●	●	●	●
Czech Republic	●	●	●	●
Denmark	●	●	●	●
Finland	●	●	●	●
France	●	●	●	●
Germany	●	●	●	●
Ireland	●	●	●	●
Italy	●	●	●	●
Latvia	●	●	●	●
Lithuania	●	●	●	●
The Netherlands	●	●	●	●
Poland	●	●	●	●
Romania	●	●	●	●
Spain	●	●	●	●
Sweden	●	●	●	●

\* Based on Policy Benchmark 5 Question 5: "Are counselling services provided in easily accessible locations, with flexible opening hours and an appropriate structure to ensure privacy?"

\*\* Based on Policy Benchmark 5 Question 6: "Are service providers publicising their activities to the local community in order to raise awareness and facilitate access to the local population?"

\*\*\* Based on Policy Benchmark 5 Question 7: "Are there adequately equipped facilities to ensure that all modern contraceptive methods can be provided, including those that require insertion, fitting and/or removal (implants, IUCs, diaphragms, cervical caps)?"

\*\*\*\* Based on Policy Benchmark 5 Question 11: "Is confidentiality in counselling supported through a legal framework?"

● High  
● Medium  
● Low

with flexible opening hours. In Bulgaria, Cyprus, Finland, France, Germany, Ireland, Italy, Latvia, Poland, Sweden and Spain, counselling services are also generally provided in easily accessible locations, but differences are observed across the country. In the Czech Republic, Lithuania and Romania, access to counselling services is considered to be lacking.

In Finland and France, nationally recognised minimum standards on individualised counselling exist and are respected. In Germany, Ireland and The Netherlands, they are not considered to be fully applied.

Only Germany and The Netherlands have monitoring and evaluation systems of minimum quality standards in place. However, they are not fully implemented and results from evaluations are not taken into account.

In Germany and Sweden, service providers publicise their activities in the local community in order to raise awareness and facilitate access. In Cyprus, Denmark, France and Lithuania, service providers do not publicise their activities.

## Training on individualised counselling for healthcare professionals and service providers

In Latvia, Finland, Denmark, Ireland, Germany, The Netherlands and Sweden, healthcare professionals and service providers receive appropriate training for counselling on the range and use of modern contraceptive methods as part of the medical curriculum and practicum.

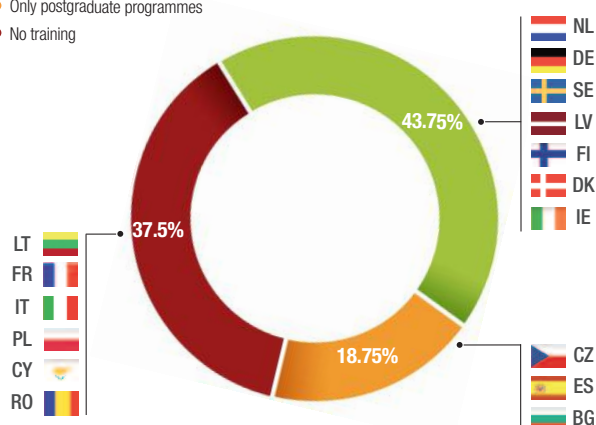
In these countries, as well as in the Czech Republic, Bulgaria and Spain, there are postgraduate programmes on individualised counselling. In Spain, midwives and nurses receive training on individualised counselling during their school curriculum, while general practitioners and gynaecologists generally do not.

In the other countries examined, namely Lithuania, France, Poland, Italy, Cyprus and Romania, no appropriate training on individualised counselling is organised, neither as part of the medical curriculum and practicum, nor in the form of postgraduate training programmes.



## Training on individualised counselling for healthcare professionals

- Part of the medical curriculum and postgraduate programmes
- Only postgraduate programmes
- No training



## 6 Barometer results by Policy Area

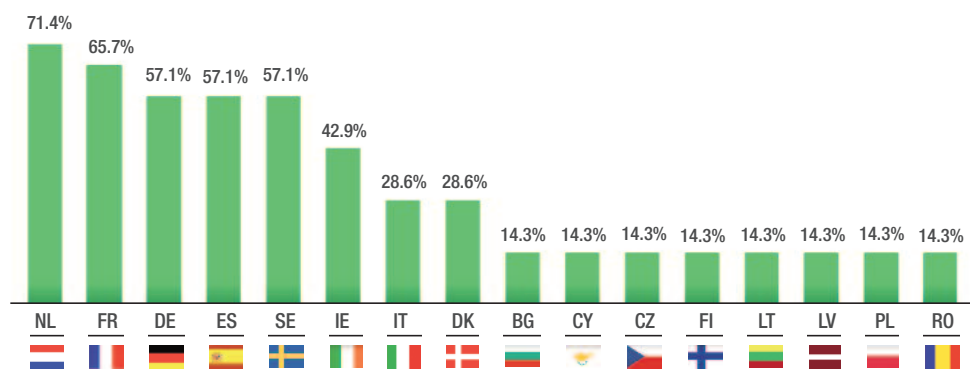
# Existence of reimbursement Schemes ➤

The costs of contraceptives and related medical services pose a barrier to young women when choosing their contraceptive method. This is impacting particularly young women with a low income or unemployed, living in countries where contraceptives are not subsidised or where they do not have access to the health insurance system. This can undermine prevention of unintended pregnancies, due to the choice of contraceptive method being based on cost rather than on personal needs. It also hinders women's right to make a free choice of how to plan their sexual life, as well as personal, social and professional development.

## ➤ Key findings

- Similarly as in the 2013 Barometer edition, experts in all countries examined criticise the persisting inequalities in accessing the full range of contraceptive methods.
- Divergences and differences in availability of certain contraceptives within the countries are often listed by experts as key challenges that need to be addressed.
- No country ensures full reimbursement.
- Less than half of the countries examined have some kind of reimbursement scheme in place. Some of them provide certain reimbursement arrangements aimed at addressing the social and economic barriers faced by young people and young adults and people at risk of social and economic exclusion. They remain insufficient, however, to ensure full access to contraception for these vulnerable groups.
- In many countries, financial constraints due to the economic crisis negatively impact reimbursement of contraceptives and prospects of improving reimbursement schemes.

## Policy Benchmark results by country



## General overview – how do countries score?

In The Netherlands, Germany, Spain, France, Sweden, Ireland, Denmark and Italy, all modern contraceptive methods are equally available across the country, although in The Netherlands and Germany, certain methods are not widely available (female condoms and diaphragms in particular).

In Spain generally, all contraceptive methods are available with a medical prescription. The level of accessibility, however, depends on the contraceptive method.

In the other countries examined, some contraceptive methods are rare or not available, and significant regional disparities may exist.

Generally, reimbursement of contraceptive methods is not high on the political agenda. This situation is reinforced by the financial constraints affecting European healthcare budgets due to the economic crisis.

The Netherlands ranks highest among the countries examined, as it is the only country where schemes for partial reimbursement are not only in place, but also regularly monitored and evaluated with the aim of ensuring an appropriate response to women's and couples' needs. In France, while monitoring systems exist for reimbursement schemes, they are not taken into account to review existing policies on a regular basis.

In The Netherlands, Germany, Spain, France, Ireland and Sweden, partial reimbursement exists, often based on women's age, with slightly better reimbursement schemes in place for younger women generally. They, however, do not necessarily cover all contraceptive methods.

In the Czech Republic, Cyprus, Denmark, Latvia, Finland, Romania, Bulgaria and Lithuania, contraceptive methods are not reimbursed. In Poland and Italy, only a few oral contraceptives are reimbursed.

## Availability of modern contraceptive methods

In the Czech Republic, sub dermal implants are not available at all and there is limited availability of female condoms and diaphragms. The latter two methods are not available at all in Latvia.

In Lithuania, contraceptive implants have recently been made available. As a result, all contraceptive methods are now available, except injectable contraceptives.

In Bulgaria's rural areas, only condoms, some intra-uterine devices (IUDs) and a few brands of oral contraceptives are offered in pharmacies. A wider range of contraceptive methods is available in bigger cities.

In Poland, access to certain contraceptive methods, such as vaginal contraceptive rings, contraceptive patches and long-acting reversible contraception (LARC), is limited in small pharmacies. Female condoms and diaphragms are not available. Furthermore, the availability of contraceptives may sometimes be hindered by doctors' personal and religious beliefs, as they may refuse to prescribe contraceptives under the so-called Polish 'conscience clause'.



## Existence and evaluation of reimbursement schemes

None of the examined countries ensure full reimbursement of modern contraceptive methods and related health services.

In general, reimbursement of most contraceptives is not available for women over 20 and 21 years old in Germany and The Netherlands respectively.

In Poland and Finland, only a few oral contraceptives mainly prescribed for medical reasons (hormonal disorders, painful menstruation) are reimbursed. Only a few oral contraceptives are also reimbursed in Italy.

In Sweden, important differences exist between regions in terms of the level of reimbursement, as some regions offer full reimbursement of all contraceptive methods, while others provide no reimbursement at all, especially for the newest methods. Attempts to address these regional disparities have been unsuccessful to date and certain counties have even further decreased reimbursement in recent months.

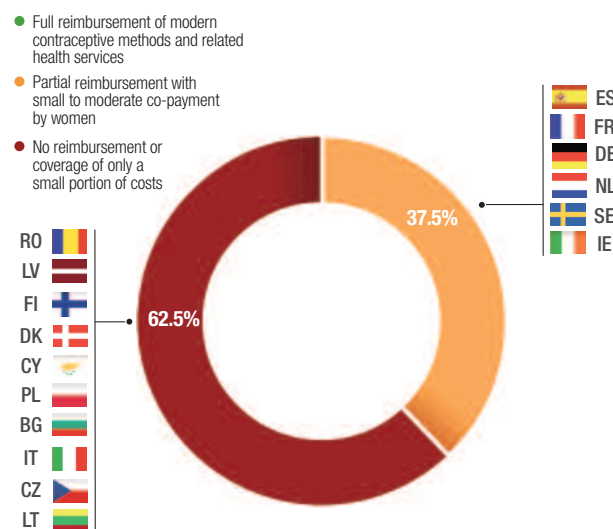
In Spain, the national health system covers a variable percentage of costs (maximum 60%) depending on the annual income of a person. Regional differences in reimbursement schemes were however observed. Since 2013, the reimbursement scheme has been further reduced.

In Spain, the national health system covers a variable percentage of costs (maximum 60%) depending on the annual income of a person. Regional differences in reimbursement schemes were, however, observed. Since 2013, reimbursement has been further reduced by removing some modern hormonal contraceptives from public funding.

In Ireland, only medical card recipients (approximately 40% of the Irish population) have free access to most contraceptive methods and services.



## Existence of reimbursement schemes



In Romania, the government has not renewed, in recent years, a reimbursement provision that used to allow free access to certain contraceptives for certain vulnerable groups, including students and low income or unemployed people.

In France, some contraceptive methods are reimbursed up to 65%, including first and second generation pills, implants and IUDs. In 2013, the reimbursement of third and fourth generation pills was suspended.

In Lithuania, the draft law on SRHR includes provisions for introducing reimbursement schemes for young people and other vulnerable groups. In Cyprus, it is unclear whether the reimbursement of contraceptives will be included under the new National Health Service.

The Netherlands is the only country examined with monitoring and evaluation systems in place of which the results are taken into account to regularly revise reimbursement schemes.

## Reimbursement schemes tailored to young people and young adults

In Germany, France, The Netherlands and Sweden, the economic situation of young people between 15 and 30 is taken into account to a certain extent with regards to reimbursement of contraceptives.

In France, reimbursed contraceptive methods are available for free for minors in Family Planning Services and, since March 2013, in pharmacies. School nurses can also prescribe contraceptives to young people for free.

In most countries examined, however, there are financial barriers amongst young people and young adults in accessing contraceptives. Experts confirm this to be a key health and social challenge, directly linked to the lack of adequate reimbursement schemes.

## Reimbursement according to age of young people and young adults

	Age	Reimbursement
Germany	<18	Full reimbursement with medical prescription
	18-19	Partial reimbursement with medical prescription
The Netherlands	18-20	Full reimbursement through compulsory insurance, with a threshold of €350
Spain	Not specified	Better availability of condoms in certain communities
Sweden	< 25	Depending on the regions
France	15-18	Emergency contraception, second generation oral contraceptives and LARC are free in family planning centres and in pharmacies since March 2013

## 7 Barometer results by Policy Area

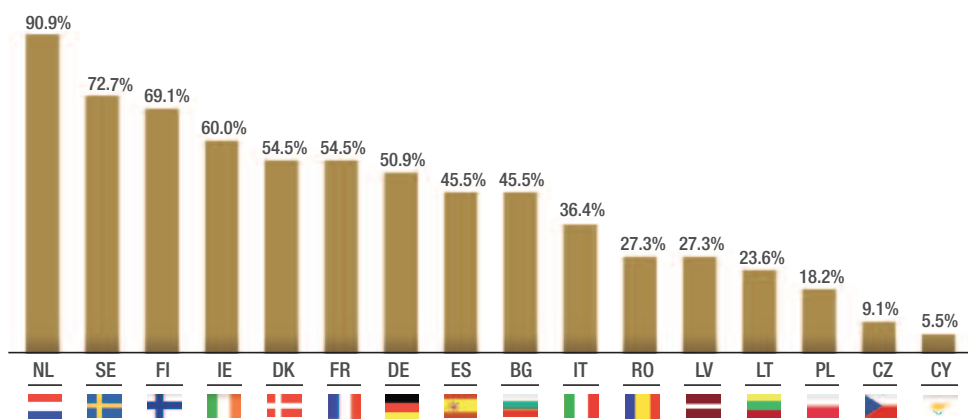
# Prevention of Discrimination ➤

Health and social inequalities affect access to contraceptive choice among vulnerable population groups which include, but are not limited to, ethnic and cultural minorities, people with disabilities and people with disadvantaged socio-economic backgrounds. This is crucial to keep in mind when addressing the prevention of unintended pregnancies, but also to effectively overcome socio-economic disadvantages and promote full integration into society and employment. Governments and service providers need to take these inequalities into consideration when shaping and delivering counselling and reproductive health services. Another crucial aspect to help prevent discrimination relates to the attitude of both women and service providers towards contraception as this might present a barrier in accessing comprehensive information on the wide range of contraceptive methods.

## ➤ Key findings

- As in the 2013 Barometer edition, among the countries examined, economic and social barriers are generally not fully taken into consideration in policy measures aimed to ensure equal access to modern contraceptive choice for all.
- Only very few of the examined countries have targeted policies that support access to public sexual and reproductive health and rights (SRHR) services targeted at vulnerable groups. In most countries, access to contraceptive choice for vulnerable groups does not constitute a political priority.
- Stigmatisation remains an important obstacle to the access to and provision of SRHR and counselling services.
- Non-discrimination of the Roma community in SRHR services by healthcare professionals and service providers is a key challenge in two countries examined.
- In several countries, recent and continuing budget cuts in healthcare systems due to the financial crisis seriously compromise the quality of SRHR and family planning services, in particular for vulnerable people for whom the cost of modern contraceptives can often represent a barrier.

## Policy Benchmark results by country



## General overview – how do countries score?

The Netherlands and Sweden are still 'best in class' among the countries examined regarding the prevention of discrimination in the field of SRHR, with The Netherlands almost reaching the top score in this field.

Finland also scores high in this policy benchmark due in particular to the existence of provisions to ensure access to SRHR for vulnerable people and measures aimed to address, to a certain extent, social and economic barriers to access contraceptive choice.

The national governments in Sweden and The Netherlands are considered to provide healthcare professionals and service providers with ongoing support and supervision in their daily activities to ensure professional, competent and respectful behaviour with young people and young adults regarding their SRHR. In Germany, Finland and Ireland, this is only the case to a certain extent.

Furthermore, The Netherlands and France remain the only countries examined with comprehensive guidelines on how to reach out to and deliver quality SRHR services to vulnerable groups. In Spain, Bulgaria, Finland, Denmark, Ireland and Italy, such guidelines also exist but they are considered to be implemented only to a certain extent by experts. In Ireland, Spain and Italy, these guidelines are developed by NGOs or healthcare professionals' organisations.

In all other countries, there are no guidelines for healthcare professionals and service providers on how to provide SRHR services for vulnerable groups.

Regional disparities in reimbursement schemes in Sweden and in the quality and availability of services in Ireland represent a further obstacle in ensuring access to contraceptive choice for vulnerable people.

## Existence and implementation of government supported policies to promote access to SRHR services for vulnerable groups

Only The Netherlands, Finland, Ireland and Sweden have comprehensive government supported policy frameworks supporting access to public SRHR services for vulnerable groups.

## Existence and implementation of policies supporting access to public SRHR services for vulnerable groups

Bulgaria	●	Germany	●	Poland	●
Cyprus	●	Ireland	●	Romania	●
Czech Republic	●	Italy	●	Spain	●
Denmark	●	Latvia	●	Sweden	●
Finland	●	Lithuania	●		
France	●	The Netherlands	●		

● Yes ● No ● Not fully implemented ● Plans to develop



In France, Germany, Bulgaria, Spain, Denmark, Romania and Poland, experts assess such policies to be scarcely implemented and they are generally not supported by the authorities.

In the Czech Republic, Latvia, Lithuania, Cyprus and Italy, there is a lack of such policies. In Cyprus and Lithuania, however, there are plans to develop policies that would support access to SRHR services for everyone.

### Prevention of discrimination in SRHR services by healthcare professionals and service providers

In the Czech Republic and Bulgaria, discrimination towards the Roma community remains a particular issue of concern with regards to access to health services.

In the Czech Republic, there is a clear policy gap as there are currently no government plans to ensure the prevention of discrimination by the medical community in SRHR services. While it was also the case for Lithuania in the 2013 Barometer edition, the country has recently introduced related provisions in the draft national SRHR law. Timeline for adoption of the law remains uncertain however.

In Spain, Bulgaria, Denmark, Romania, Ireland, Latvia and Poland, non-discrimination in SRHR services is considered by experts to be ensured to a certain extent. In Ireland in particular, lack of privacy can constitute a barrier.

In Germany, Sweden, Italy, Finland and The Netherlands, non-discrimination when delivering SRHR and counselling services is standard practice for healthcare professionals and service providers.

In most countries, experts assess that the competent government authorities do not provide healthcare professionals with enough support and supervision in their daily activities to ensure that they acquire the right skills and that young people and young adults receive quality SRHR services. The issue does not appear as a political priority.

### How is prevention of discrimination taken into account in the other Policy Benchmarks examined in this survey with regards to access to contraceptive choice for vulnerable people?

	Targeted SRHR policies*	Targeted SRHR awareness initiatives**	Targeted sexuality education***	Targeted healthcare professional education or training****	Targeted reimbursement schemes*****
Bulgaria	●	●	●	●	●
Cyprus	●	●	●	●	●
Czech Republic	●	●	●	●	●
Denmark	●	●	●	●	●
Finland	●	●	●	●	●
France	●	●	●	●	●
Germany	●	●	●	●	●
Ireland	●	●	●	●	●
Italy	●	●	●	●	●
Latvia	●	●	●	●	●
Lithuania	●	●	●	●	●
The Netherlands	●	●	●	●	●
Poland	●	●	●	●	●
Romania	●	●	●	●	●
Spain	●	●	●	●	●
Sweden	●	●	●	●	●

\* Based on Policy Benchmark 1 Question 1.2: "Which areas related to family planning and access to modern contraceptive choice does the strategy/policy framework address?"

\*\* Based on Policy Benchmark 2 Question 1.2.2: "Are there any campaigns targeted at vulnerable people at risk of economic and social exclusion?"

\*\*\* Based on Policy Benchmark 3 Question 3: "Does the government fund targeted education on sexual and modern contraceptive choice for people at risk of social and economic exclusion?"

\*\*\*\* Based on Policy Benchmark 4 Question 1.6: "Do these national/nation-wide family planning recommendations/guidelines/protocols address specific needs in providing information and counselling on contraceptive choice for vulnerable people or people at risk of social exclusion?"

\*\*\*\*\* Based on Policy Benchmark 6 Question 2.1: "Do reimbursement schemes take into account young people and young adults' (up to 30 years) economic situation by offering tailored reimbursement facilities?"

● Fully taken into account ● Partly taken into account ● Not at all taken into account

### Addressing economic and social barriers to ensure women's and couples access to modern contraceptive choice

None of the examined countries address financial and social barriers sufficiently to ensure equal access of all to the full range of modern contraceptives. Spain, France, The Netherlands, Ireland, Denmark, Finland and Sweden, however, do have certain measures in place to try to address some economic and social barriers.

In Romania, while there are provisions to ensure, for certain vulnerable groups, free access to contraceptives, their implementation depends on allocated government budget.

Generally, the cost of the most recent contraceptives is still an important financial barrier in most countries.

Due to the financial situation in Spain, Italy and Romania in particular, accessibility and quality of SRHR services have decreased, which is expected to affect vulnerable groups especially.



## 8 Barometer results by Policy Area

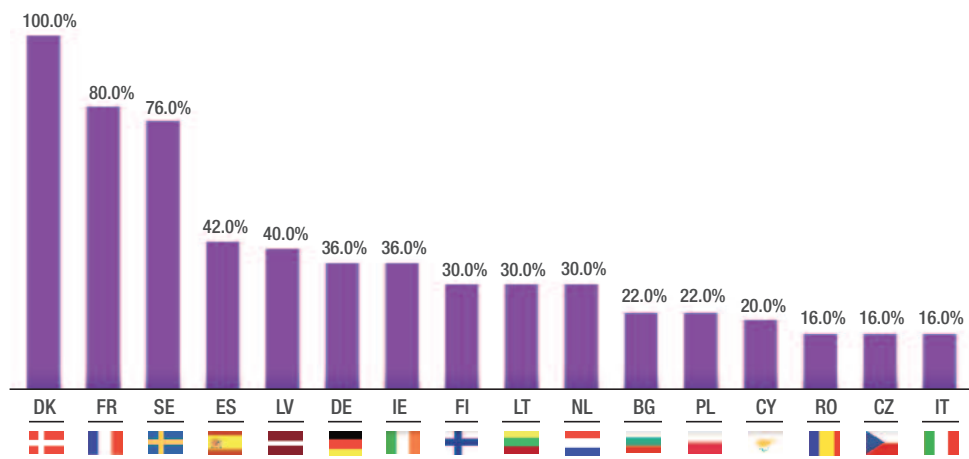
# Empowering Women through Access to Modern Contraceptive Choice

Sexual and reproductive health and rights (SRHR) education and information are key components to achieve gender equality and women's empowerment in the personal, social and professional arenas. Information on and access to contraceptive choice supports women in their personal development. It does this by allowing them to plan if and when to have a child, and achieve their aspirations in their personal, social and professional lives. Policy developments in the areas of gender equality, education, and employment integration need to take into account the important role of SRHR education, information and services in supporting equal opportunities and women's empowerment.

## Key findings

- As in the 2013 Barometer edition, all countries examined have developed national policies supporting gender equality and women's participation in professional and social life.
- However, in only three of the 16 countries examined in this survey are fertility control and access to modern contraceptive choice included as components of gender equality policies to help women realise their personal and professional aspirations. In only one country, these policies also further address the need to ensure information on and access to the full range of modern contraceptives and their usage.
- In most countries examined, gender equality and women's empowerment policy measures mainly aim to improve women's participation in the labour market and enhance work-life balance for women with children through family friendly policies at work, e.g. parental leave, provision of pre-kindergarten care.
- Monitoring and evaluation systems for gender equality policies are in place in half of the countries examined. However, only in two countries are the results taken into account to inform policy review.

## Policy Benchmark results by country



## General overview – how do countries score?

Although all countries examined in this survey have developed national policies on gender equality and women's empowerment, the content and implementation of these policies vary significantly across countries.

Denmark, France and Sweden are the only countries examined with an integrated approach to gender equality policies.

Denmark scores highest with regards to empowering women through access to modern contraceptive choice, as its national gender equality and women's empowerment policies are considered to encompass the entire national policy framework and be consistently implemented throughout the country.

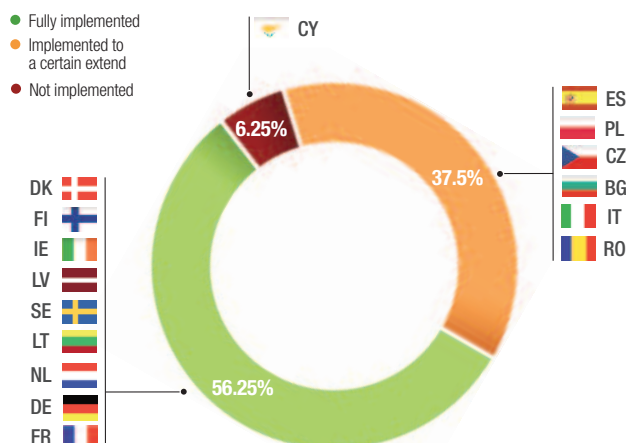
The rest of the countries examined in this survey score considerably lower and below average, mainly due to the fact that their gender equality policies do not touch upon SRHR and fertility control.

## Implementation of national policies supporting gender equality and women's empowerment

In just over half of the countries examined, namely Denmark, Finland, France, Latvia, Sweden, Lithuania, The Netherlands, Germany and Ireland, gender equality and women's empowerment policies are considered to be implemented throughout the entire country. In Ireland, however, the review of the National Women's Strategy, which is due to expire in 2016, has been put on hold.

In the Czech Republic, Poland, Bulgaria, Italy, Romania and Spain, gender equality and women's empowerment policies are not fully implemented and often lack adequate financial support. Since the 2013 Barometer edition, however, Spain adopted a new Strategic Plan for Equal Opportunities in 2014 but a proposal for a more binding gender equality law remains on hold and is deplored by experts.

## Implementation of national policies supporting gender equality and women's empowerment



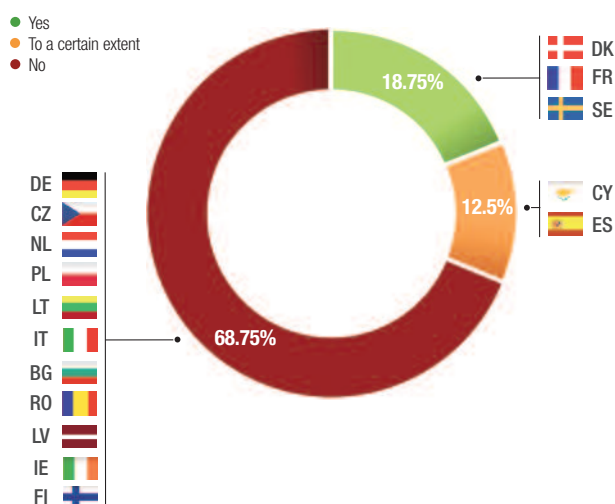
In Cyprus, although policies on gender equality and women's empowerment exist, they are not considered to be implemented throughout the country. However, the issue gained more political weight in 2014, with the creation of a new governmental position, the Commissioner for Equality. At the time of this survey, it was not clear if SRHR related issues would fall within the Commissioner's competences.

## Content of gender equality policies

In Denmark, Sweden and France, gender equality policies include a component of SRHR and explicitly refer to how fertility control and access to modern contraceptive choice can help women realise their professional and personal aspirations. A link between SRHR and gender equality also exists in Spain and Cyprus. In Spain, in particular, the new Strategic Plan on Equal Opportunities includes some references to fertility control and access to modern contraceptive choice.

Denmark is the only country examined where gender equality policies refer to the need to ensure comprehensive information on and access to the full range and use of modern contraceptives. In France, however, some references to SRHR and fertility control are also included in these policies, such as provisions on the reimbursement of contraception and abortion, allowances for parents, accessible day care for babies and young children and communication campaigns on informed contraceptive choice.

## Inclusion of SRHR component in gender equality policies



In most of the countries examined, gender equality and women's empowerment issues are mainly addressed by measures aimed at improving work-life balance, such as parental leave and family friendly policies at work.

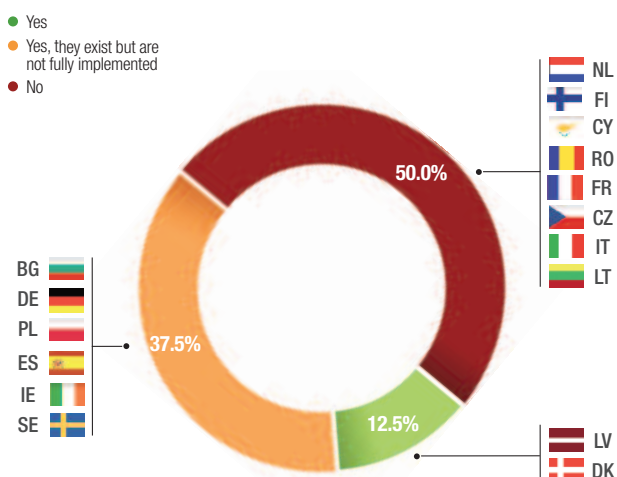
## Existence and implementation of monitoring and evaluation systems

Denmark and Latvia are the only two countries which have monitoring and evaluation systems for gender equality policies in place, which take into account the results to update the relevant policies.

Monitoring and evaluation systems are partially developed in Bulgaria, Germany, Poland, Spain, Ireland and Sweden. According to experts, none of these systems are properly implemented and evaluation results are not taken into account.

In The Netherlands, Finland, Cyprus, Romania, France, the Czech Republic, Italy and Lithuania, no monitoring and evaluation systems are in place, nor expected.

## Existence of monitoring and evaluation systems to assess effectiveness of gender equality policies





Results by Country

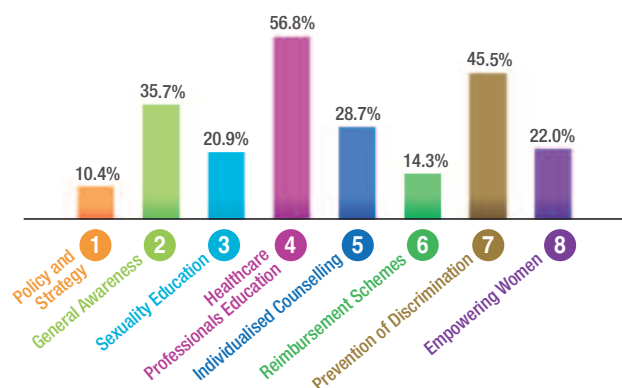
# Bulgaria



## Overview

- The highly unstable political and economic situation in the last few years has been worsening Bulgaria's status in the field of sexual and reproductive health and rights (SRHR).
- As a result, Bulgaria receives a lower overall country score (30.2%) compared to the 2013 Barometer edition (32.8%), keeping Bulgaria's ranking among the lowest of all countries covered.
- The 2011 plans to develop and adopt a national SRHR strategy came to a halt following the change of government in 2013.
- Promising policy developments in the area of sexuality education have also been put on hold since the government elected in 2013 took office.
- Access to contraceptive choice is complicated due to a lack of reimbursement for counselling services, and comprehensive sexuality education.
- In the past years, the different governments have been addressing SRHR-related issues through scattered measures and only when prompted by stakeholders.
- Vulnerable groups have very limited access to SRHR services and contraceptive methods.

## Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- There is still no national strategy on SRHR in place.
- The government does not take the lead on SRHR policies; NGOs drive the SRHR debates and activities.
- The government that took office in August 2013 put a draft SRHR strategy on hold that was developed in 2010 by representatives from the Ministry of Health<sup>7</sup>, the Bulgarian Family Planning and Sexual Health Association (BFPA – IPPF Member Association)<sup>8</sup> and the United Nations Population Fund (UNFPA), in consultation with scientific, medical and civil society experts.
- Following the political elections in September/October 2014, it remains unclear whether the new government intends to take the draft SRHR strategy further.
- The unstable political situation does not create a favourable environment for the continued development of the draft SRHR strategy.
- There were discussions between NGOs and the past government on using the Norwegian fund application<sup>9</sup> to improve health prevention and services in Bulgaria. However, since the governmental change in 2013, discussions are on hold.
- SRHR related issues for the Roma community are addressed under the Bulgarian National Strategy for the Integration of Roma (2012-2020)<sup>10</sup>, developed by the National council on ethnic and integration issues<sup>11</sup>.

***“The ongoing economic crisis and political instability in Bulgaria have unfortunately put SRHR again at the bottom of the political agenda. BFPA and other stakeholders’ efforts to highlight the crucial need for comprehensive health and sexuality education to prevent unintended pregnancies prove to be more challenging than ever. We therefore strongly call on the government to prioritise this important issue, to the benefit of all women, including young people and other vulnerable groups, and by extent for the growth of society.”***

**Anina Chileva**, Leader of the International PETRI Center, National Center for Public Health and Analysis (NCPHA)

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- The government leads a number of information campaigns on SRHR and also provides limited support to various SRHR campaigns run by NGOs.
- The campaigns, however, are not implemented comprehensively across the entire country.
- They do not address the range of modern contraceptive methods or women's contraceptive choice in relation to family and professional life planning. The topics covered include the prevention of teenage pregnancies and early marriage, human papillomavirus (HPV) vaccination and stigma reduction.
- The evaluation of these campaigns is limited. The government considers the impact difficult to measure.



### ➤ ③ Education on Sexual and Reproductive Health and Modern Contraceptive Choice for Young People and Young Adults

- Currently, the content and methodology of sexuality education at school vary greatly across the country and are ultimately shaped by the individual teachers.
- The need for comprehensive health and sexuality education has been called for urgently by a number of stakeholders over the last 20 years, including SRHR NGOs, such as BFPA, UNFPA and Global Fund Against AIDS, Tuberculosis and Malaria (GFATM), which however intends to withdraw its support from Bulgaria in 2015.
- In the last decade, the Ministry of Health has supported the establishment of comprehensive mandatory health education at schools. A draft Education Act<sup>12</sup> has been discussed between 2011 and 2013. The draft law aimed, amongst other things, to set new standards for health education, including sexuality education. However, the government that took office in 2013 put the adoption of the draft law on hold.

### ➤ ④ Education and Training of Healthcare Professionals and Service Providers

- Recommendations to healthcare professionals on health and family planning counselling are not comprehensive. A number of different stakeholders have issued guidelines, including the World Health Organization (WHO), BFPA, Bulgarian medical associations and Bulgarian health insurance fund<sup>13</sup>. However, none are consistently implemented across the country, especially in rural areas.
- Postgraduate training programmes for healthcare professionals on family planning and fertility control are organised by the government every few years.
- Informal ad hoc education programmes on family planning and fertility control exist, e.g. medical conferences and pharmaceutical company sponsored scientific symposia. These are considered to provide information on the latest scientific developments in this area.
- Medical curricula for all medical students include an overview of contraceptive methods.

### ➤ ⑤ Provision of Individualised Counselling and Quality Services

- Health counselling is generally not part of medical professionals' education. Individualised counselling is not required or recommended.
- NGOs offer informal counselling training to specialists.
- Service quality standards exist, namely covering issues related to clients' rights and access to information, but they do not address access to quality or individualised SRHR counselling.
- Waiting lists are a major concern; women are generally not referred to specialist services in a timely manner.

***“With the entire health system endangered, we fear people will be denied their fundamental right of access to healthcare. In this context, we call upon the government and the whole medical society to take its responsibility and commit to improving knowledge and skills to ensure that, even with reduced budgets, all people have access to healthcare, including contraceptives and counselling.”***

**Dr. Radosveta Stamenkova**, Executive Director of the Bulgarian Family Planning and Sexual Health Association (BFPA)

### ➤ ⑥ Existence of Reimbursement Schemes

- Not all contraceptive methods are available across the country. This is the case for injectable contraceptives, implants and surgical contraceptives. BFPA is the only provider of female condoms and diaphragms. A wider range of contraceptive methods is available in the larger cities, while in rural areas there is only limited choice.
- Contraceptives are not reimbursed. They are therefore unaffordable for vulnerable, poor, underserved and young people.
- In order to address this need and meet the existing demand, BFPA is the only institution funding and providing intra-uterine devices (IUDs) and oral contraceptives for women with low resources or at risk of social exclusion.

***“Contraceptives are still not reimbursed. The government must realise that to improve the sexual and reproductive health and rights of women and reduce the number of unintended pregnancies, a comprehensive SRHR approach is needed. Such a total approach should introduce, amongst others, a specific budget for better and targeted reimbursement schemes in order to ensure access to contraceptives and SRHR services to all women.”***

**Dr. Elena Zlatanova**, Liaison Officer of the United Nations Population Fund (UNFPA)

### ➤ ⑦ Prevention of Discrimination

- A considerable gap exists regarding access to SRHR services for vulnerable groups. There is no comprehensive legal framework to ensure or improve access to all contraceptive methods.
- Vulnerable groups are often not covered by the health insurance fund. Additionally, the lack of reimbursement for contraceptives presents a major obstacle for them to access effective family planning solutions.
- However, since 2013, the health insurance fund covers one gynaecological examination per pregnant woman outside of the general health insurance coverage. The initiative led to some skepticism and was not fully functioning at the time of this survey.
- The Bulgarian National Strategy for the Integration of Roma (2012-2020) includes a health section and certain provisions regarding SRHR related issues.
- BFPA supports access to health services and family planning for the Roma community through the so-called Roma health mediators<sup>14</sup>, a profession created in 2001.

### ➤ ⑧ Empowering Women Through Access to Modern Contraceptive Choice

- Issues related to SRHR, family and professional life planning are not addressed under the 2004 Law on the protection against discrimination<sup>15</sup>. The focus is on general gender equality topics and sexual minorities amongst others.
- This framework, however, is not backed with sufficient resources to provide effective financial and social support to empower women.
- The Ministry of Labour and Social Policy<sup>16</sup> is responsible for monitoring the impact of the legislation on discrimination and progress in this area.
- Stakeholders, however, believe that there has been no improvement in the area of gender equality since the EU accession in 2007.



Results by Country

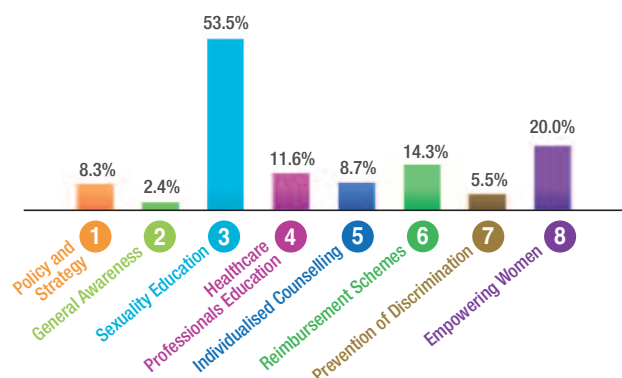
# Cyprus



## Overview

- Cyprus has overall a very low score compared to other countries covered in the Barometer (15.4%).
- The difficult political and financial situation, as well as the lack of political willingness, weakens the debate around sexual and reproductive health and rights (SRHR) policies and awareness.
- In particular, Cyprus ranks low in the fields of healthcare professionals' education (11.6%) and general awareness (2.4%).
- Although the government is launching a new and more encompassing National Health System (NHS) in 2015, no provisions for the reimbursement of contraceptives were foreseen at the time of this survey.
- Cyprus scores high in sexuality education (53.5%), ranking above average compared to the countries in this Barometer. In 2011, health education was introduced as an independent subject in the school curriculum, and it includes comprehensive sexuality education.
- Prevention of discrimination in the delivery of SRHR services is not taken into account.
- Cyprus does have a policy framework on women's empowerment and gender equality in place. However, it does not address access to contraceptive choice.

## Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- There is no SRHR strategy in Cyprus.
- Although there have been some informal talks about developing a dedicated policy framework, the current financial situation as well as the cultural and religious influence in the country do not lead the government to prioritise SRHR.
- The National Policy on HIV/AIDS<sup>17</sup> in place does not touch upon contraception. Some other provisions issued by the Ministry of Health<sup>18</sup> address access to contraception in hospitals.
- Although there are no legal requirements for stakeholders' participation in policy making, the government does consult experts, such as the Cyprus Gynaecological and Obstetrics Society and the Cyprus Family Planning Association (CFPA – IPPF Member Association)<sup>19</sup>. However, governments and NGOs usually do not cooperate in the implementation of contraception related policies.

***"In Cyprus, SRHR does not receive the necessary attention by policy makers, although society is opening up to addressing it. CFPA strongly encourages the government to follow this positive trend and we call upon the politicians to engage in the development of SRHR policies and awareness campaigns to ensure that sexual and reproductive rights are respected in Cyprus and that all women can have access to all modern contraceptive methods."***

**Maria Epaminonda**, Executive Director of the Cyprus Family Planning Association (CFPA)

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- There are no government led campaigns on SRHR and access to modern contraceptive choice in Cyprus.
- Some NGOs, including CFPA, roll out campaigns on SRHR focusing in particular on young people's needs.
- According to CFPA, the Ministry of Health has plans to develop campaigns on SRHR and fertility control targeting vulnerable groups such as Roma people, foreign employees (including domestic workers) and sex workers.

## 3 Education on Sexual and Reproductive Health and Modern Contraceptive Choice for Young People and Young Adults

- Since September 2011, the Ministry of Education and Culture<sup>20</sup> is implementing a new health education curriculum<sup>21</sup> which includes sexuality education. It is compulsory in primary and middle school and optional in high school.
- The health education curriculum includes a thematic area on 'Family planning, sexual and reproductive health', which specifies the curriculum for the subject and provides guidance for teachers, in accordance with the 2010 World Health Organization (WHO)'s guidelines 'Standards for Sexuality Education in Europe'<sup>22</sup>.
- The thematic area aims to ensure comprehensive understanding of sexual and reproductive health, including stereotypes, family violence, homophobia, the role of religion and media, and existing legislation in the field. Only partial information on contraception and the variety of existing methods is provided.
- Teachers receive specific training on the health education curriculum, including sexuality education, funded by the government. Sexuality education is also given by specialised 'health visitors'<sup>23</sup>.
- There are no monitoring systems in place to evaluate the implementation of these reforms in the educational system and impact on pupils.



***“The Ministry of Education and Culture has made considerable efforts to achieve comprehensive sexuality education in schools in the last few years. We consider that positive results were achieved, but more attention should be paid to monitoring and evaluating the reform to ensure pupils and teachers can really benefit from effective sexuality education and training.”***

**Dimitris Parperis**, Volunteer for the Cyprus Family Planning Association (CFPA)

***“Being at the initial stage of the implementation of the new NHS system, we call upon the Ministry of Health to recognise the importance of including provisions for reimbursement of contraceptives in the reform, at least for young women and other vulnerable groups, given the great benefits improved accessibility would bring to the entire society.”***

**Dimitris Parperis**, Volunteer for the Cyprus Family Planning Association (CFPA)

#### ➤ 4 Education and Training of Healthcare Professionals and Service Providers

- Limited medical education and training is available in Cyprus.
- All healthcare professionals currently operating in Cyprus studied medicine abroad since all medical programmes are new.
- The three medical schools in the country opened fairly recently and the first Master of Science (MSc) in Family Medicine<sup>24</sup>, which includes some notions of obstetrics, gynaecology and family planning, opened in the second half of 2014.
- Nursing schools exist, but very limited training is provided on SRHR issues and contraception as part of the gynaecology programme.
- Although there are no protocols on family planning and modern contraceptive services currently available, the Ministry of Health declared plans to develop them in the near future as part of a wider reform of the healthcare sector.

#### ➤ 5 Provision of Individualised Counselling and Quality Services

- According to CFPA, the Cypriot Ministry of Health considers individualised counselling a goal for all healthcare professionals.
- However, neither guidelines nor minimum quality standards on individualised counselling have been adopted by the Ministry. No training is offered to healthcare professionals and service providers.
- According to CFPA, SRHR services are easily accessible in the private sector. In the public sector, waiting times can be longer.
- Facilities might not be properly equipped to ensure the provision of the full range of modern contraceptive methods. In the public sector, long waiting lists might keep women from accessing specialist services in due time when problems occur.
- Patient confidentiality is supported through the 2004 Safeguarding and Protection of Patients' Rights Act<sup>25</sup>.

#### ➤ 6 Existence of Reimbursement Schemes

- The vaginal contraceptive ring, contraceptive patch and depot injection are not available in Cyprus.
- In general, no reimbursement of contraceptives exists. The national insurance system only covers for contraceptives in military service (compulsory for all men between 18 and 20) and for sex workers. Private insurance companies do not have provisions for reimbursement of contraceptives either.
- As part of the Troika requirements for Cyprus following the country bailout, as of 2015, a new NHS<sup>26</sup> is expected to be gradually implemented. However, no information is available on whether the new NHS will cover contraceptives in the near future.

#### ➤ 7 Prevention of Discrimination

- Prevention of discrimination in access to SRHR services is not addressed in Cyprus.
- However, according to CFPA, it is possible that the new NHS will cover SRHR services for vulnerable people in the future.
- In schools, the Ministry of Education and Culture is implementing as of September 2014 a new 'Code of Conduct against Racism - Management and Recording Guide for Racist Incidents'<sup>27</sup>. It aims to decrease bullying and discrimination against any form of diversity, including on gender and sexual orientation.

#### ➤ 8 Empowering Women Through Access to Modern Contraceptive Choice

- The policy framework on women's empowerment and gender equality in Cyprus consists of:
  - 2002 law on Equal treatment of men and women in employment and vocational training<sup>28</sup>
  - 2002 law on Equal pay between men and women for the same work or for work of equal value<sup>29</sup>
- The government consults a committee on Gender Equality in Employment and Vocational Training<sup>30</sup>, and the National Machinery for Women's Rights<sup>31</sup>, both with an advisory role. Third party organisations are member of these committees.
- The current government has appointed in March 2014<sup>32</sup> a Commissioner for Equality. Her priorities have not been made clear yet<sup>33</sup>.



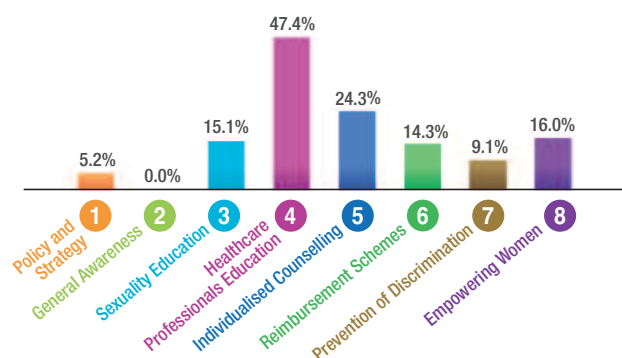
## Results by Country

# Czech Republic

## Overview

- As in the 2013 Barometer edition, sexual and reproductive health and rights (SRHR) are still not a political priority. The Czech Republic continues to score very low in most areas covered in this report compared to the other countries examined.
- There are no government supported awareness campaigns on SRHR.
- There is sexuality education at school but it is not compulsory. Although some guidance about the content exists, teachers and schools decide independently how to address it. Additional standards are under development.
- There is no reimbursement for contraceptives.
- The Czech Republic has medical guidelines in place providing partial information on modern contraceptive methods.
- Within this Barometer, the Czech Republic's total country score is among the lowest of all countries examined (17.7%).

## Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- No overarching strategy on SRHR exists at national level. No policy initiative in this area is expected in the near future.
- The Ministry of Health<sup>34</sup> addresses contraception only occasionally, following pressure from NGOs and healthcare professionals, but initiatives are very limited in scope.
- A Decree<sup>35</sup> from 2012 aims to ensure access to all hormonal contraceptive methods and intra-uterine devices (IUDs). However, there is no further mention of contraception or SRHR in the text. The Decree provides for mandatory yearly cost-free gynaecological examinations for women.

***“Unfortunately, there has been no improvement in the Czech Republic in the field of SRHR and access to contraceptive choice in the past two years. This shows how difficult it is to put the issue on the political agenda. There is an urgent need for more political will from the Ministry of Education and the Ministry of Health to progress in this area.”***

**Petr Weiss**, Professor, Institute of Sexuality, Medical Faculty of Charles University, Prague

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- The general public is considered to be well informed about condoms and hormonal contraception, including emergency contraception, but less informed about other contraceptive methods.
- There are no government supported information campaigns on modern contraceptive methods. However, the government is active on prevention of HIV/AIDS and risk behaviour.
- NGOs lead some campaigns aiming to raise awareness of SRHR. For example, the campaign ‘Labestra’<sup>36</sup> developed in 2013 by the Society for Family Planning and Sexuality Education (Společnost pro plánování rodiny a sexuální výchovu - IPPF member association)<sup>37</sup> aims to inform young people and young adults, teachers and parents about SRHR and contraception.

## 3 Education on Sexual and Reproductive Health and Modern Contraceptive Choice for Young People and Young Adults

- In 2005, the Ministry of Education<sup>38</sup> issued a framework educational programme<sup>39</sup> which sets a general programme for public education, including sexuality education.
- Sexuality education is not mandatory in the Czech Republic. The framework educational programme includes some guidance about the content of sexuality education, but teachers and schools can decide how to address sexuality education and what information to include.
- Additional standards for sexuality education are currently under development by a working group appointed by the Ministry of Health.
- Mandatory training courses for teachers are not required, nor provided.
- No financial resources are allocated to sexuality education, but schools and teachers can apply for governmental grants for training and materials.
- In 2004, the Society for Family Planning and Sexuality Education launched a tailored programme for young people on contraception and sexual health<sup>40</sup>. It consists of an informal network of young people disseminating materials and information at schools.
- Doctors have also started to provide targeted SRHR lectures for pupils at schools (e.g. programme by Dr. Petr Kovar)<sup>41</sup>.

#### ➤ 4 Education and Training of Healthcare Professionals and Service Providers

- In the Czech Republic, healthcare professionals can refer to the 'Recommendations on the provision of combined hormonal contraception'<sup>42</sup> published in 2012.
- Although focusing only on combined hormonal contraception, the recommendations are considered to be credible and evidence-based and evenly implemented across the country.
- No mandatory education programmes on family planning and modern contraceptives exist for healthcare professionals and other service providers.
- Postgraduate training programmes are sometimes organised by NGOs and other organisations and can be accredited by the national authorities<sup>43</sup>.

***“The main problem remains that there is no interest or motivation amongst doctors and university lecturers regarding sexuality education and contraception. The lack of interest can be explained by the lack of government support and consequent lack of funding for activities related to sexuality education and awareness. In addition, the lack of interest shown by the authorities enables the growth of influence of religious activists who are strongly against any form of sexuality education. Unfortunately, we have not seen an increased interest in the past years, despite several stakeholder efforts to put SRHR on the political agenda.”***

**Peter Koliba**, Associate Professor, Clinic for gynaecology and obstetrics, Gynartís, Ostrava

#### ➤ 5 Provision of Individualised Counselling and Quality Services

- Individualised counselling is not an objective of the Czech healthcare system.
- Quality standards exist for general health counselling.
- Appropriate referral of women to specialist services is ensured.
- Counselling on SRHR and contraception is limited and often focuses on hormonal contraceptive methods.
- Not all healthcare facilities are sufficiently equipped to ensure that all modern contraceptive methods can be provided.
- NGOs and educational authorities sometimes organise postgraduate training programmes on individualised counselling<sup>44</sup>. These programmes can be accredited by the national authorities.

#### ➤ 6 Existence of Reimbursement Schemes

- All modern contraceptive methods, except sub dermal implants (SDIs), are available. There is limited availability, however, of female condoms and diaphragms (only e-shops).
- There is no reimbursement of contraceptives. Some women therefore might face difficulties in accessing the full range of modern contraceptive methods, in particular some types of long-acting reversible contraception (LARC) and oral contraceptives (despite some hormonal contraceptives being priced fairly low).
- No political will exists at the moment to change the current reimbursement policy.

#### ➤ 7 Prevention of Discrimination

- There is no current policy framework, nor one expected in the near future, to ensure access to SRHR services and contraceptive choice for vulnerable groups.
- Although the whole population is entitled to equal access to healthcare, discrimination towards the Roma community is an issue.

#### ➤ 8 Empowering Women Through Access to Modern Contraceptive Choice

- The government's Council for Equal Opportunities for Women and Men<sup>45</sup> is in charge of outlining key priorities and defining policy actions in the area of gender equality.
- Policies aimed at improving gender equality and women's empowerment are limited and insufficiently implemented.
- The gender equality and women's empowerment campaigns do not touch upon SRHR and fertility control.



Results by Country

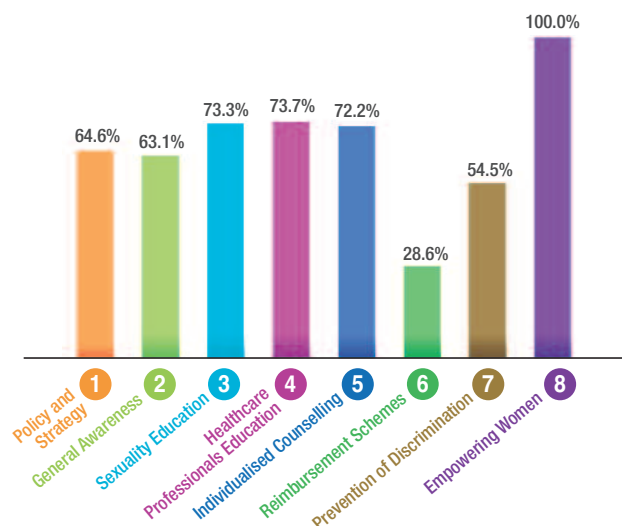
# Denmark



## Overview

- Denmark's overall score is high (68.3%) compared to the other 15 countries included in this Barometer.
- Being a local competency, sexual and reproductive health and rights (SRHR) policies are considered to be unevenly implemented throughout the country. In this context, the lack of centralised monitoring systems also plays a negative role.
- Denmark scores highest in the areas of women's empowerment (100%) and sexuality education (73.3%).
- The country also scores high on healthcare professionals' education (73.7%) and individualised counselling (72.2%) although there appears to be a lack of attention to vulnerable groups.
- Denmark scores low in the area of reimbursement (28.6%) due to the absence of reimbursement schemes for contraceptive methods, although this is not regarded as an issue by experts.

## Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- The Danish Health and Medicines Authority (Sundhedsstyrelsen)<sup>46</sup> published in 2012 the 'Prevention Package: Sexual Health'<sup>47</sup>, containing national recommendations to support municipalities in promoting sexual health.
- Overall, the recommendations aim to focus on ensuring access and information to the full range of modern contraceptive methods.
- They were developed in collaboration with stakeholders, including NGOs and professional scientific societies, and are expected to be reviewed in 2015.
- Municipalities are in charge of their implementation but are challenged by a lack of funding and a centralised monitoring and evaluation system. Hence, the implementation of the recommendations is not evenly ensured throughout the country.

***"We welcome the recommendations on sexual health. There is however an urgent need to ensure adequate financial support and consistent implementation by the municipalities across the country. The development of monitoring systems is also needed to evaluate the implementation of the recommendations, towards ensuring that all municipalities provide equal access to SRHR and contraceptive choice."***

**Bjarne B. Christensen**, Secretary General of the Danish Family Planning Association (DFPA)

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- Awareness raising campaigns on SRHR are quite regularly conducted in Denmark, funded by the government and often implemented in cooperation with other institutions and NGOs.
- Specific campaigns targeted at young people include the campaign 'Week Sex'<sup>48</sup>, developed by the Danish Family Planning Association (Sex og Samfund – DFPA, IPPF Member Association)<sup>49</sup> and funded by the government. The campaign aims to increase children's and young people's knowledge about SRHR. Another example is the 'Only with condom'<sup>50</sup> campaign, a cooperation between the Danish Health and Medicines Authority and DFPA.
- Campaigns do not focus on the full range of contraceptive methods however.
- No national awareness raising campaigns target vulnerable groups on SRHR related issues specifically.
- Although campaigns are generally considered effective and well implemented across the country, according to DFPA, there is a need for increased and more secure government funding to ensure that the campaigns can be run more regularly.

## 3 Education on Sexual and Reproductive Health and Modern Contraceptive Choice For Young People and Young Adults

- Sexuality education is provided in primary, middle and high school.
- The Ministry of Education<sup>51</sup> has set a compulsory curriculum for sexuality education in primary and middle school, which also includes guidelines on how to teach the subject<sup>52</sup>. In August 2014, the Ministry revised the curriculum by setting new learning goals and guidelines on the content of sexuality education for each level<sup>53</sup>.



- One of the learning goals for students is to learn about the full range of modern contraceptive methods.
- As municipalities and individual schools are responsible for the allocation of time and resources to sexuality education, there are differences in quality and content across the country. Surveys<sup>54</sup> conducted by DFPA show that many teachers are often unaware of the compulsory objectives and curriculum of sexuality education and call for training.
- Training courses for teachers are unevenly organised throughout the country. The DFPA is cooperating with municipalities to try to address the situation.
- No monitoring systems are in place to ensure adequate implementation of sexuality education.

***“While sexuality education is based on clear targets and content requirements which schools are obliged to fulfil, many teachers are not aware of these targets and do not have appropriate training to provide comprehensive sexuality education. More can be done by the government, municipalities and schools to provide better training for teachers and monitoring of the quality of sexuality education.”***

**Lone Smidt**, National Programme manager of the Danish Family Planning Association (DFPA)

#### ➤ 4 Education and Training of Healthcare Professionals and Service Providers

- The Danish Society of Obstetrics and Gynaecology (Dansk Selskab for Obstetrik og Gynækologi – DSOG)<sup>55</sup> has developed national clinical guidelines on contraceptive methods<sup>56</sup>.
- The guidelines cover the full range of contraceptive methods and are reviewed annually.
- However, they provide no advice on counselling for vulnerable people and include only limited recommendations on how to advise women based on their individual needs.
- A handbook<sup>57</sup> targeted at general practitioners (GPs) on counselling on contraception and abortion was also developed by the Danish Committee for Health Education<sup>58</sup> together with the DFPA in 1998.
- A comprehensive Contraceptive Guide<sup>59</sup> is also used for education and training of medical students since 2008.
- Training on SRHR and contraceptive counselling is a compulsory component of the general medical curriculum. However, no postgraduate training programmes on fertility control and family planning exist.

#### ➤ 5 Provision of Individualised Counselling and Quality Services

- The ‘Prevention Package: Sexual Health’ recommends individualised counselling regarding the full range of contraceptive methods.
- Individualised counselling is also tackled in medical schools and postgraduate training programmes.
- However, in practice, the quality of individualised counselling is difficult to assess as there are neither nationally recognised minimum quality standards nor monitoring systems in place.
- No provisions exist on how to address the needs of vulnerable groups, including young people, religious minorities and sex workers.
- Contraceptive services are easily accessible and facilities are well equipped to provide all contraceptive methods across the country.

***“More efforts are needed to ensure that women’s specific needs are better taken into account by healthcare professionals and service providers, in particular for certain vulnerable groups. It is crucial to ensure, through recognised minimum quality standards and appropriate monitoring, that all women receive high quality SRHR services.”***

**Charlotte Wilken-Jensen**, Leading chief physician, Gynaecology & Obstetrics at Hvidovre Hospital and Manager of the contraceptive clinic of the Danish Family Planning Association (DFPA)

#### ➤ 6 Existence of Reimbursement Schemes

- All modern contraceptive methods are available across the country.
- There is no reimbursement of contraceptives in Denmark.
- Vulnerable groups, based on social status and income parameters, receive free or subsidised contraceptives, depending on the municipalities’ aid schemes.

#### ➤ 7 Prevention of Discrimination

- The ‘Prevention Package: Sexual Health’ also focuses on people with economic and social difficulties, such as ethnic minorities and drug addicts. It includes requirements on access to SRHR for vulnerable groups and specific recommendations for healthcare professionals and service providers on provision of SRHR services to these groups.
- Although there is political awareness of the issue, the implementation of these provisions is uneven throughout the country, such issues being a competence of the municipalities.
- Municipalities often collaborate with NGOs in the development of initiatives targeted to vulnerable groups.
- In practice, prevention of discrimination is not always taken into consideration when delivering SRHR services by healthcare professionals and service providers who are not supported by the competent authorities in these circumstances.

#### ➤ 8 Empowering Women Through Access to Modern Contraceptive Choice

- In Denmark, gender equality is foreseen by the Act on Gender Equality, and is considered a basic principle encompassing the entire national policy framework and consistently implemented throughout the country.
- Women’s right to decide freely over their own body, including sexual and reproductive rights, fertility control and access to contraceptive choice, is regarded as fundamental in Denmark although not explicitly mentioned in the Act.
- Every year the Ministry for Gender Equality<sup>60</sup> is bound to present an annual action plan<sup>61</sup> and a status review on gender equality to the Parliament.





Results by Country

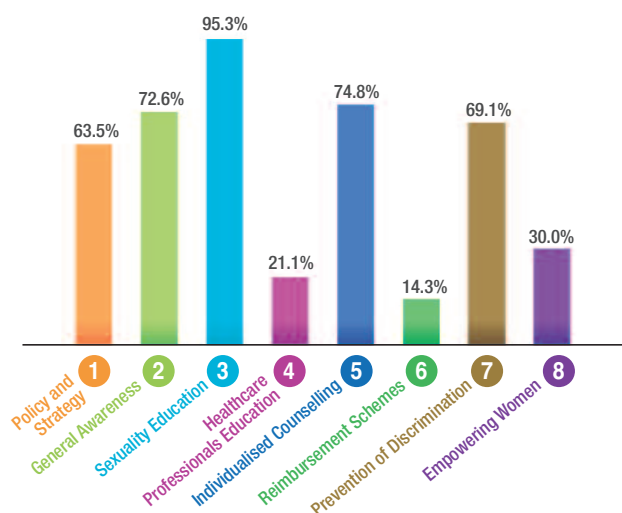
# Finland



## Overview

- On average, Finland scores high (59.7%) compared to the other 15 countries covered in this report.
- Sexual and reproductive health and rights (SRHR) have been a priority for the government in Finland since the 1970s. The National Programme on Sexual and Reproductive Health is the main framework to address SRHR.
- Although government led awareness raising campaigns are diversified and run effectively across the country, they do not cover all contraceptive methods. As a result, knowledge of the full range of contraceptive methods amongst the Finnish population can be improved.
- The impact of the National SRHR Programme suffers from a lack of appropriate monitoring systems and a lack of full implementation of SRHR policies due to significant local differences.
- There are currently no guidelines on modern contraceptive methods but in April 2014, a working group led by the medical society Duodecim started developing these guidelines.
- Finland scores very low in the field of reimbursement (14.3%) and women's empowerment (30%), due to a complete lack of reimbursement schemes and the absence of references to SRHR in gender equality policies.

## Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- A National Programme on Sexual and Reproductive Health<sup>62</sup> has recently been adopted for 2014-2020. It replaces the 2007-2011 programme<sup>63</sup> and has been developed by the new Unit for sexual and reproductive health of the National Institute of Health and Welfare (Terveyden ja hyvinvoinnin laitos - THL)<sup>64</sup>.
- The programme sets targets and objectives to promote SRHR in Finland and ensure appropriate development and management of SRHR services. The programme covers the full range of contraceptive methods and identifies access to contraceptive services as a priority.
- Stakeholders were extensively involved in the development of the programme. At local level, their involvement in the implementation varies greatly across the country.
- Municipalities are responsible for ensuring access to SRHR services and are therefore in charge of funding and implementing the programme. However, as a result, due to the decentralisation of the system, implementation of SRHR policies varies greatly across the country.
- The Finnish government which entered office in June 2014 announced a reform of the social and healthcare systems which would transfer municipalities' competence in healthcare to five new overarching regions. This is expected to improve centralisation and implementation of SRHR policies.
- Currently, monitoring and evaluation of SRHR policies are limited to population health surveys. Some of them, such as the School Health Promotion study<sup>65</sup>, include a small number of questions on access to contraceptives. This system, however, does not allow for thorough evaluation of the effectiveness and adequacy of SRHR policies.

***"While there is a comprehensive national policy framework on SRHR in Finland, there is a need for better monitoring systems and for more efforts to improve a coherent implementation across the country. The decentralisation of SRHR services means that there are as many SRHR policies as municipalities in Finland. We hope that the upcoming healthcare reform will address this gap and introduce better monitoring and oversight of the implementation of SRHR policies."***

**Dr. Dan Apter**, Chief physician, Sexual Health Clinic, Family Federation of Finland (Väestöliitto)

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- Government funded awareness raising campaigns on SRHR are run regularly in Finland but they mostly focus on condoms. When they exist, smaller campaigns on other contraceptive methods such as LARC are targeted at healthcare professionals.
- Unlike SRHR policies which are implemented by municipalities, SRHR awareness campaigns are generally run across the country and are considered to reach the target audience. However, evaluation of the campaigns is lacking as monitoring systems are not run properly. Scattered information is gathered on the number of people reached or the number of schools willing to participate in specific initiatives.
- Some campaigns are specifically targeted at young people. The annual 'Summer rubber'<sup>66</sup> campaign is funded by the Ministry of Health<sup>67</sup> and conducted in cooperation with the Family Federation of Finland (Väestöliitto - IPPF Member Association)<sup>68</sup> and other organisations. It aims to raise awareness of condoms.

- No government led campaigns are specifically targeted at vulnerable people. The NGO Monika<sup>69</sup> however develops specific campaigns on SRHR for migrant women.
- Last year, media debates on risks associated with oral contraceptives led to a decrease in the use of hormonal contraception methods due to women's lack of knowledge of alternatives. According to Väestöliitto, increased efforts by stakeholders are needed to communicate, through media articles and online debates, about contraceptive choice and the full range of contraceptive methods.

### ➤ 3 Education on Sexual and Reproductive Health and Modern Contraceptive Choice For Young People and Young Adults

- Sexuality education has been mandatory in Finland since 1970<sup>70</sup>.
- Sexuality education is part of the curriculum for more general health education<sup>71</sup>, which is taught on a weekly basis to pupils aged 13 and above<sup>72</sup>.
- Government guidelines provided by the Board of Education<sup>73</sup> and specific training funded by the government for health education teachers ensure that teachers have the right skills and knowledge and that pupils receive evidence-based and credible information about the full range of contraceptive methods.
- Information on all contraceptive methods as well as on the differences between LARC methods is provided. Comprehensive and useful education materials are provided to teachers<sup>74</sup>.
- Exams and surveys such as the School Health Promotion Study<sup>75</sup> are used to assess the quality and usefulness of sexuality education. The results of these evaluations are however not necessarily used to inform review.

***“Since sexuality education has become mandatory, the number of teenage pregnancies has been steadily declining<sup>76</sup>. This shows the importance of sexuality education at schools and its impact on unintended pregnancies.”***

**Dr. Dan Apter**, Chief physician, Sexual Health Clinic, Family Federation of Finland (Väestöliitto)

### ➤ 4 Education and Training of Healthcare Professionals and Service Providers

- At the time of the Barometer survey, there were only guidelines on emergency contraception and abortion available and no guidelines on modern contraceptive methods.
- Due to a lack of national guidelines on the range and use of all contraceptive methods, healthcare professionals generally base their practice on guidelines developed by the World Health Organization (WHO) and the UK National Institute for Health and Care Excellence (NICE)<sup>77</sup>.
- However, in April 2014, a working group<sup>78</sup> run by the medical society Duodecim<sup>79</sup> and partly funded by the government started developing guidelines on the full range of contraceptive methods.
- While fertility control and family planning are part of the curriculum for all medical students, there are no education programmes for healthcare professionals and postgraduate trainings on SRHR endorsed by the government. Such programmes are, however, provided by healthcare professional associations such as the Finnish Gynaecological Association (Suomen Gynekologiyhdistys)<sup>80</sup> and the Finnish Medical Association (Suomen Lääkäriliitto)<sup>81</sup>.

### ➤ 5 Provision of Individualised Counselling and Quality Services

- Individualised counselling is set as a priority under the National Programme on Sexual and Reproductive Health<sup>82</sup> and under the Healthcare Act<sup>83</sup>.

- Individualised counselling is part of the general medical curriculum for all medical students, but no postgraduate trainings are made available to healthcare professionals by the government.
- Due to a lack of medical guidelines on the full range of contraceptive methods, the quality of individualised counselling and the information given to women and couples vary across the country.
- In general, facilities are adequately equipped to provide all available modern contraceptive methods. However, in certain cities, women may face difficulties in accessing certain methods, such as LARC, due to a lack of healthcare professionals who can insert them.

***“Although there are no national guidelines and no minimum standards for individualised counselling, it is generally considered that healthcare professionals apply very high standards for the quality of SRHR services. There is however an urgent need for national guidelines on modern contraceptive methods and counselling to ensure that the standards are uniformly applied across the country.”***

**Dr. Dan Apter**, Chief physician, Sexual Health Clinic, Family Federation of Finland (Väestöliitto)

### ➤ 6 Existence of Reimbursement Schemes

- All contraceptive methods are available in Finland, except diaphragms and cervical caps.
- Medical consultations and contraceptives counselling are provided free of charge in primary healthcare.
- There is no national reimbursement scheme for contraceptives in Finland, except partial reimbursement for certain contraceptives when prescribed for medical reasons.
- In most municipalities, the first three to six months of oral contraceptives' prescriptions and, in some municipalities, the first LARC are free of charge. Social services are also providing financial help in individual cases.

### ➤ 7 Prevention of Discrimination

- The Healthcare Act aims to ensure universal access to healthcare. Finnish law makes discrimination on any grounds when delivering SRHR services illegal.
- It also includes some recommendations for healthcare professionals on how to deliver quality SRHR services to vulnerable groups.
- The law on patient rights provides a framework to ensure confidentiality of SRHR services for young people.
- While access to SRHR services is a general provision in Finnish law, there are no specific measures targeted at vulnerable people to ensure access to contraceptive methods, being a municipality competence.

### ➤ 8 Empowering Women Through Access to Modern Contraceptive Choice

- The Non-Discrimination Act<sup>84</sup> provides a general framework for equal opportunities. It is implemented across the country and overseen by the national government.
- The 2014-2020 Programme for Sexual and Reproductive Health also includes some specific provisions on non-discrimination and gender equality. Gender equality and SRHR policies are therefore relatively closely linked.
- There are no specific monitoring systems in place or expected in the near future to evaluate the effectiveness of gender equality policies.



Results by Country

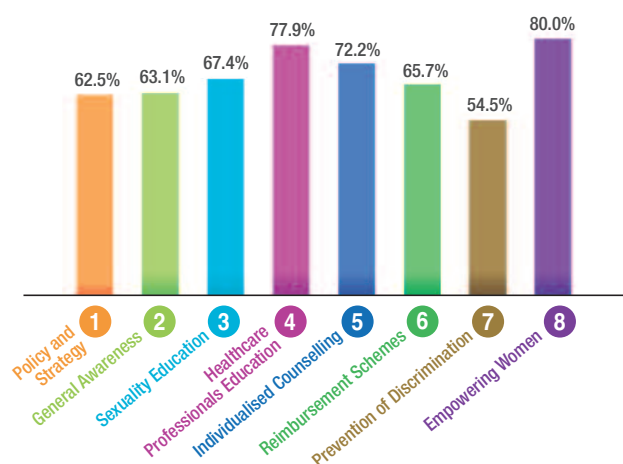
# France



## Overview

- Contraceptives have been subject of intense debates in France in the last couple of years, leading to updates in recommendations aiming for better counselling on contraceptive choice.
- France slightly increased its overall country score compared to the 2013 Barometer edition thanks to improved reimbursement schemes for young people and young adults.
- France scores highest in the areas of women's empowerment (80%) and healthcare professionals' education (77.9%).
- France scores lowest with regards to prevention of discrimination (54.5%) and sexual and reproductive health and rights (SRHR) policy making and strategy (62.5%). Regarding strategy, experts note in particular insufficient stakeholder involvement in the development and implementation of SRHR policies, as well as limited evaluation criteria.
- There is a significant lack of monitoring and evaluation systems for SRHR policy implementation, in particular in private practices.
- Fertility control and contraceptive choice are increasingly part of education and training programmes for healthcare professionals. The French government intends to improve postgraduate trainings on SRHR in the future.

## Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- In France, the competent government authorities implemented a comprehensive national policy framework on SRHR, focusing on access to family planning and modern contraceptive choice<sup>85</sup>.
- The policy framework covers the full range of modern contraceptives. General recommendations on contraception for women of childbearing age were issued in July 2013<sup>86</sup> and specific ones on third and fourth generation pills were issued in December 2012 and January 2013<sup>87</sup>.
- Competent authorities are legally obliged to establish local family planning centres (Centres de planification ou d'éducation familiale - CPEF)<sup>88</sup>, where minors have free and confidential access to information on the full range of modern contraceptive methods as well as medical consultation. These centres are however unevenly distributed throughout the country.
- A wide variety of stakeholders are involved in the development of national SRHR policies and strategies through specific consultative commissions, within the High Authority of Health (Haute Autorité de Santé - HAS)<sup>89</sup>, the National Agency for the Safety of Medicines and Health Products (Agence Nationale de Sécurité du Médicament et des Produits de Santé - ANSM)<sup>90</sup> and the Regional Health Agencies (Agences Régionales de Santé - ARS)<sup>91</sup>.
- Stakeholders also receive funding from the government for SRHR related activities. However, they are considered insufficiently involved in the implementation of policies.
- Although the French authorities developed monitoring systems to inform the review of SRHR related policies, in practice monitoring and evaluation mainly consists of sociological and statistical studies on abortion and the prevalence of contraceptive use. The main indicators used are the number of unintended pregnancies and the general awareness of contraceptive methods amongst the wider public<sup>92</sup>.
- SRHR related policies and strategies are not renewed systematically or in a timely manner.

***"The French government is trying to promote the use of contraceptive methods based on women's lifestyle choices. Most recently, it has supported this through updating the guidelines on contraceptive service delivery."***

**Dr. Elisabeth Aubeny**, Medical Gynaecologist, President of the French Association for Contraception (AFC)

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- In general, government led awareness campaigns on SRHR provide comprehensive information on all contraceptive methods. Such campaigns run regularly since 2007. Most recent examples include the 2014 campaign<sup>93</sup> launched by the National Institute for Prevention and Health Education (Institut national de prévention et d'éducation pour la santé – INPES)<sup>94</sup>, which follows up on a series of campaigns run to provide information on all contraceptive methods and aiming to help women make an informed choice<sup>95</sup>. According to the French Association for Contraception (Association Française pour la Contraception – AFC)<sup>96</sup>, it has helped to increase women's awareness of contraceptive choice.
- No campaigns have been developed to date to target vulnerable people at risk of socio-economic exclusion.
- Governmental agencies, such as the INPES, regularly publish comprehensive information materials on family planning and SRHR for the general public and special categories of the population. There is, however, a lack of publicity leading to a lack of public awareness, as these information materials are not widely disseminated and people are not aware of how to access them.
- Although invited by the government to take part in the development of information campaigns, stakeholder participation is limited.



### ➤ ③ Education on Sexual and Reproductive Health and Modern Contraceptive Choice for Young People and Young Adults

- The law foresees two hours of compulsory sexuality education per year for all pupils aged six years old and above<sup>97</sup>.
- Although the Ministry of Education<sup>98</sup> issued guidelines for sexuality education, there is a lack of concrete content.
- There are two kinds of sexuality education at schools: information as part of the natural science course, where the programme is equally implemented across the country, and sexuality education provided by external experts (family planning counsellors and doctors) and teachers that completed government supported trainings.
- In practice, sexuality education is generally provided for 12 to 18 year old pupils but is not implemented equally across the country. Some schools lack the time and money to provide for external experts or trained teachers.
- Where sexuality education exists and is provided by external experts or trained teachers, the information provided is considered credible, comprehensive and evidence-based, as well as covering the full range of contraceptives.

***“Comprehensive sexuality education lays out the right for every person to have access to the necessary education and information to make choices. It gives youth the means to live a healthy and pleasurable life while encouraging equality between girls and boys. It should therefore be provided to all pupils without any geographical disparity and with special attention for vulnerable groups.”***

**Véronique Séhler**, Co-president of Le Planning Familial (MFPF)

### ➤ ④ Education and Training of Healthcare Professionals and Service Providers

- HAS and ANSM have developed guidelines and recommendations on modern contraceptive service delivery and counselling. They address the full range and use of modern contraceptives and provide minimum quality standards in consultation with healthcare professionals and agreed upon by the Ministry of Health<sup>99</sup>.
- The guidelines are implemented evenly across the country and are updated when there is an obvious social need, highlighted by the media or NGOs or in the case of new scientific developments. Most recently, the guidelines were updated by the HAS after the oral contraceptives debate.
- In addition, the 2007 Strategy of Actions in the field of contraception<sup>100</sup> recommends that educational authorities provide professionals with education programmes and postgraduate training on family planning. In practice, however, the recommendations are not fully implemented, as medical students only benefit from a few courses on SRHR. They also have the opportunity to follow practical trainings in relevant services at university hospitals, but these are not compulsory.
- A slight shift has been noted as healthcare professionals are increasingly attending trainings organised by NGOs and medical organisations and these trainings are often recognised by the government. There are plans to make postgraduate trainings mandatory in the future for selected medical specialties.

### ➤ ⑤ Provision of Individualised Counselling and Quality Services

- Individualised counselling is specifically mentioned in the guidelines on abortion and contraceptive service delivery<sup>101</sup> and is thus a clear objective under the current policy framework.
- As part of these guidelines, minimum quality standards on individualised counselling exist at national level, but no monitoring systems are in place to ensure their proper implementation.

- Guidelines on individualised counselling cover all contraceptive methods and recommend professionals, in particular, to adapt contraceptive counselling to respect the personal and professional needs of women and couples.
- Individualised counselling is either provided by trained counsellors, including midwives, or by healthcare professionals. The latter, however, often lack time, training and resources to provide individualised counselling.
- Where they exist, local family planning centres provide individualised counselling, but for minors only.
- Although generally well-equipped, the accessibility of counselling structures varies across the country (inconvenient opening hours and locations, lack of publicity).

### ➤ ⑥ Existence of Reimbursement Schemes

- All modern contraceptive methods are equally available across the country.
- Vaginal contraceptive rings and contraceptive patches are not reimbursed, except by certain private insurance schemes. Depot injections, first and second generation pills, implants and intra-uterine devices (IUDs) are reimbursed up to 65% for all women. Since March 2013, reimbursement of third and fourth generation pills has been suspended.
- To facilitate access to contraceptives for young people and people with economic difficulties, medical visits, emergency contraceptives, oral contraceptives and LARC delivered in family planning centres are free of charge for minors. School nurses can also provide emergency contraception and prescribe contraceptives for free to young people.
- In addition, the government successfully implemented the March 2013 provisions on free dispensing of reimbursed contraceptives in pharmacies to young adults aged 15 to 18<sup>102</sup>.
- Monitoring and evaluation systems exist but the results are not always used on a regular basis to inform the review of reimbursement schemes.

***“The French government should ensure that vulnerable groups are targeted in its SRHR policies. The successful implementation of the free dispensing of contraceptives in pharmacies for young girls is a good step forward but must be complemented by additional initiatives targeted at other age groups such as 18 to 25 year old women.”***

**Dr. Valérie Ledour**, Contraception Project Officer for the Network between Hospitals and Cities for Orthogony (REVHO)

### ➤ ⑦ Prevention of Discrimination

- The government issued guidelines and recommendations for healthcare professionals and service providers on how to deliver quality SRHR services to vulnerable groups<sup>103</sup>. These groups benefit from a special healthcare scheme, which ensures free access to healthcare services and medicines.
- The already existing provisions to facilitate access to young adults were complemented by the 2013 recommendations on free dispensing of reimbursed contraceptives in pharmacies. Its implementation is being facilitated by the National Pharmacists Organisation (Ordre National des Pharmaciens)<sup>104,105</sup>.
- According to Le Planning Familial (MFPF - IPPF Member Association)<sup>106</sup>, a more holistic and cross-sectoral approach is needed to tackle discrimination. It should promote access to comprehensive sexuality education as a crucial tool to achieve equality and empowerment in all aspects of life.

### ➤ ⑧ Empowering Women Through Access to Modern Contraceptive Choice

- National policies supporting gender equality and women empowerment exist and are financially supported by the government<sup>107</sup>. They are implemented equally across the country.
- These policies include elements of SRHR and fertility control as they introduce provisions on the reimbursement of contraception and abortion, allowances for parents, and accessible day care for babies and young children. Recently, they have also included communication campaigns on informed contraceptive choice.





Results by Country

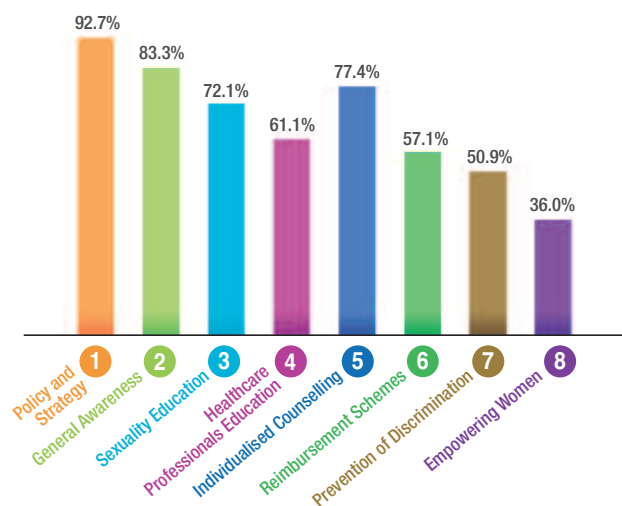
# Germany



## Overview

- Since the 2013 Barometer edition, there was no change in the status of sexual and reproductive health and rights (SRHR) policies in Germany. Overall, Germany has a well implemented SRHR strategy, with a specific focus on access to family planning and contraceptive choice.
- Complementary information by national experts on healthcare professionals' education led to a slight re-adjustment of Germany's ranking in this field as well as its overall scoring compared to the 2013 Barometer edition.
- Overall, young women's access to modern contraceptive choice still rates the highest amongst the countries examined in this report (70.5%).
- Germany scores particularly high regarding SRHR policies (92.7%) and awareness (83.3%).
- Germany scores considerably lower with regards to policies on empowering women (36%) and prevention of discrimination (50.9%). The latter issue has not been a political priority in the past years.
- Even though Germany scores relatively high in most other areas, no progress was registered for the areas for improvement as identified in the 2013 Barometer edition: teachers' skills and knowledge of sexuality education, individualised counselling on contraceptive service delivery and reimbursement schemes for young adults.

## Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- The Federal Ministry for Families, the Elderly, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend - BMFSFJ)<sup>108</sup> is the main body responsible for SRHR and family planning policies in Germany.
- The national SRHR strategy is mainly implemented by the Federal centre for health education (Bundeszentrale für gesundheitliche Aufklärung - BZgA)<sup>109</sup>, together with the BMFSFJ, as established in the Pregnancy and Family Aid Act<sup>110</sup>. The BZgA provides a wide range of information on SRHR, including contraception, in all available media.
- The SRHR strategy has a particular focus on access to family planning, fertility control and modern contraceptive choice and is considered properly implemented. Stakeholders are involved in the implementation to a certain extent.
- Stakeholders are invited to participate in the development, monitoring, evaluation and review of SRHR policies.
- Germany's monitoring and evaluation systems and criteria in this field are considered effective.
- The Pregnancy and Family Aid Act provides for an obligation to monitor and evaluate its impact.

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- Government supported awareness campaigns exist across the country and focus mainly on condoms and sexually transmitted infections (STIs)<sup>111</sup>. Some awareness campaigns target the wide range of modern contraceptives.
- There are SRHR campaigns targeted specifically at young people and young adults.

- The BZgA publishes regular surveys<sup>112</sup> on the sexual behaviour of young people and young adults in order to monitor and analyse sexual behaviour and use the results for policy development and review.
- Some government supported campaigns on equal opportunities for young women, focusing on family planning/fertility control and professional orientation, exist. According to pro familia (IPPF Member Association)<sup>113</sup>, these campaigns could be improved.
- Stakeholders are generally involved in the development of SRHR campaigns, however, which stakeholders and their level of involvement varies.

## 3 Education on Sexual and Reproductive Health and Modern Contraceptive Choice For Young People and Young Adults

- Sexuality education at schools is compulsory but there are no guidelines on the content and teachers decide individually.
- The German federal states (Bundesländer) do set minimum standards.
- The need for greater knowledge on SRHR and family planning amongst teachers is considered a major obstacle to quality sexuality education.
- In general, sexuality education is provided throughout the school curriculum (6-18 year olds).
- The government monitors the impact and outcome of sexuality education and takes the results into account.

***“We have to focus on continuous sexuality education which discusses sexual diversity and gender aspects even if financial resources are limited.”***

*Jutta Gueldenpfennig, National Director at pro familia*

***“Germany is one of the last countries in Europe with restrictions in access to emergency contraception. The government should finally abolish this unnecessary barrier.”***

*Jutta Gueldenpfennig, National Director at pro familia*

#### 4 Education and Training of Healthcare Professionals and Service Providers

- The BMFSFJ and the Federal Ministry of Health (Bundesgesundheitsministerium - BMG)<sup>114</sup> are responsible for the education and training of healthcare professionals, with the support of the BZgA.
- Guidelines on prescription-only contraceptives<sup>115</sup> are provided by the Federal Joint Committee (Gemeinsamer Bundesausschuss – G-BA)<sup>116</sup>, representing physicians, dentists, hospitals and health insurance funds.
- The BZgA's national family planning recommendations include information on family planning and modern contraceptives. There are, however, no clear nationwide delivery and counselling guidelines for service providers<sup>117</sup>.
- According to pro familia, greater professional consensus is needed on the requirements and standards for effective and efficient health promotion in order to improve healthcare professionals' education.
- All medical curricula include the topics of family planning, fertility control and modern contraceptive choice, which are regularly updated.
- There are only limited postgraduate training programmes on family planning.

***“National medical guidelines on modern contraceptive services delivery and counselling are not optimal. pro familia recommends medical associations to take the initiative to develop more comprehensive guidelines for the improvement of standards in this field, and calls on the government to collaborate in the development and implementation of such guidelines.”***

*Jutta Gueldenpfennig, National Director at pro familia*

#### 5 Provision of Individualised Counselling and Quality Services

- The Pregnancy and Family Aid Act provides for individualised counselling for all contraceptive methods to prevent unintended pregnancies.
- Church clinics often restrain from counselling on the full range of modern contraceptive methods and prescribing emergency contraception for ideological reasons.
- There is a lack of proper implementation of the monitoring and evaluation systems regarding quality individualised counselling.
- Confidentiality is considered a key component in the Pregnancy and Family Aid Act.
- According to pro familia there is a gap in youth friendly counselling services, as well as easily accessible counselling facilities in rural regions.
- According to pro familia, healthcare professionals can benefit from post-graduate trainings and receive remuneration for individualised counselling.

#### 6 Existence of Reimbursement Schemes

- All modern contraceptives are available across the country. However, some barrier methods like diaphragms are not always available.
- There is a partial reimbursement scheme for contraceptives based on age: under 18 years old - full reimbursement, 18-19 years old – full reimbursement with €5 to €10 prescription charges, 20 years old and older - no reimbursement.
- The reimbursement scheme leads to financial barriers for people with low income and young adults in their twenties, limiting their choice of contraceptives.
- No monitoring and evaluations systems are available or foreseen in the near future.

***“We strongly call for the creation by the government of an adequate reimbursement scheme ensuring women's full access to all contraceptive methods, and in particular for women with low income.”***

*Jutta Gueldenpfennig, National Director at pro familia*

#### 7 Prevention of Discrimination

- General measures to fight discrimination are established under the General Equal Treatment Act<sup>118</sup>. There is no focus on SRHR related issues.
- No guidelines exist for healthcare professionals on how to deliver quality SRHR services to vulnerable people.
- The prevention of discrimination is not high on the political agenda.
- pro familia regrets that the government does not support healthcare professionals sufficiently with regards to ensuring professional, respectful behaviour towards young people and young adults' SRHR.

#### 8 Empowering Women Through Access to Modern Contraceptive Choice

- Gender equality and women's empowerment are mainly addressed by family policies aimed at improving work and family life balance, such as parental leave and family friendly policies at work<sup>119</sup>. These fall under the remit of the BMFSFJ.
- Family policies mainly aim to improve the demographic situation, by supporting the increase of birth rates.
- These family policies have no direct references to fertility control and access to modern contraceptive choice. In general, policies related to SRHR are delegated to the BZgA.
- The recommendations of policy evaluation reports, developed by independent scientific experts, are not systematically followed.



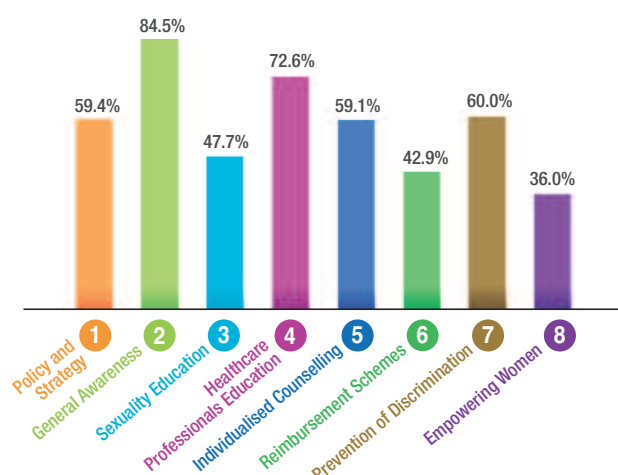
## Results by Country

# Ireland

## Overview

- Ireland has a policy framework to address sexual and reproductive health and rights (SRHR) and access to modern contraceptive choice in place. However, it is not considered comprehensive by stakeholders as it puts significant emphasis on prevention of unintended pregnancies but does not address all SRHR related issues.
- Ireland scores high in the area of general awareness of SRHR and modern contraceptive choice (84.5%), thanks to the implementation of government led awareness campaigns that are regularly evaluated.
- In general, there is a lack of monitoring systems to ensure equal implementation of guidelines for healthcare professionals on contraceptive choice and counselling, and guidelines on sexuality education. Teachers have significant freedom in defining the content of sexuality education which explains Ireland's low score in this area (47.7%).
- Ireland scores lowest in the areas of reimbursement of contraceptives (42.9%) and women's empowerment (36%). Costs often represent a significant barrier to access to contraceptives and gender equality policies do not integrate SRHR components.

## Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- A legal framework currently exists in Ireland to address SRHR. Its main aim is to prevent and address unintended pregnancies:
  - The 1979 Health Family Planning Act<sup>120</sup> legalised the sale of contraceptives.
  - The Health Service Executive (HSE) Crisis Pregnancy Programme (CPP)<sup>121</sup> was implemented in 2003. One of its key objectives is to reduce the number of unintended pregnancies through education, counselling and contraceptive services. Under the Programme, the National Strategy for 2012-2016<sup>122</sup> is currently in place.
- A more comprehensive strategy on SRHR is however expected to be adopted by the government. According to the Irish Family Planning Association (IFPA – IPPF Member Association)<sup>123</sup>, the strategy is expected to broaden the scope by not only focusing on the prevention of unintended pregnancies but also addressing other SRHR issues including screening of sexually transmitted infections (STIs) and sexuality in general.
- In general, stakeholders are involved in the development of SRHR policies, including for the development of the HSE CPP, and to a certain extent in their implementation and evaluation.

***“Family planning and fertility control are addressed primarily as part of a policy framework to reduce ‘crisis’ pregnancy and abortion, rather than as part of a rights-based approach to support women’s empowerment and access to contraceptive choice. We call on the government to fulfil this gap and put into place a more comprehensive SRHR framework which better takes into account women’s needs.”***

**Dr. Caitriona Henchion**, Medical Director of the Irish Family Planning Association (IFPA)

- The Department of Health’s Social Inclusion Unit is in charge of monitoring and evaluating SRHR policies. Regular reports<sup>124</sup> are published to evaluate the impact of the CPP on the number of unintended pregnancies and use of contraceptive service. The evaluation results are however not systematically taken into account in developing policies.

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- The HSE CPP runs regular national campaigns.
- A national health promotion campaign called Think Contraception<sup>125</sup> targets sexually active 18-24 year olds and 25-30 year olds as a secondary audience. It provides information on all contraceptive methods available in Ireland.
- In addition, the Contraception 35+<sup>126</sup> leaflet provides specific information to women aged between 30 and 50, including contraception options and information about unintended pregnancies.
- While there are campaigns on equal opportunities, they do not address fertility control.

## 3 Education on Sexual and Reproductive Health and Modern Contraceptive Choice For Young People and Young Adults

- Sexuality education in schools is compulsory as part of social personal and health education (SPHE) which covers relationships and sexuality education (RSE)<sup>127</sup>, mental health, gender studies, substance use, physical activity and nutrition.
- While there are guidelines<sup>128</sup> on the content of sexuality education by the National Council for Curriculum and Assessment (NCCA)<sup>129</sup>, they are not compulsory and schools can decide on the content of the courses based on moral or ethical considerations.

- As a result, RSE is not equally implemented across the country and information varies greatly. In particular, not all schools provide comprehensive information on the full range of contraceptive methods.
- There is a lack of national monitoring and evaluation to accurately assess the effectiveness of the RSE programme.
- Similarly, although the government organises trainings on sexuality education for teachers and provides them with useful material<sup>130</sup>, there is no system in place to evaluate their effectiveness and to ensure that they receive adequate support after completion of the training.

***“Studies have shown that not all schools implement sexuality education very well. Many adolescents and children are not informed about sexually transmitted infections and contraception. In addition, as it is unclear whether sexuality education can be provided before young people reach the legal age of consent, information is delivered too late and is therefore not effective. There is an urgent need to clearly outline the content of sexuality education as well as the resources that need to be dedicated to it to ensure equal implementation of sexuality education across the country.”***

**Dr. Paula Mayock**, Senior Researcher of the Children's Research Centre, Trinity College Dublin

#### ➤ 4 Education and Training of Healthcare Professionals and Service Providers

- Guidelines on modern contraceptives service delivery are developed by healthcare professionals' organisations including the Royal College of Physicians of Ireland (RCPI)<sup>131</sup>, the Irish College of General Practitioners (ICGP)<sup>132</sup> and the National Medicines Information Centre (NMIC)<sup>133</sup>.
- Information on the full range of contraceptive methods for healthcare professionals is provided by the HSE CPP, the IFPA and the ICGP.
- While the guidelines are credible and evidence-based, the lack of a single source leads to scattered and inconsistent information.
- Certain cases exist where doctors' rights to use conscientious objection<sup>134</sup> impedes women's access to contraceptive methods<sup>135</sup>.
- Education programmes on family planning and modern contraceptive choice are part of the medical curriculum in all medical schools.
- Postgraduate training in family planning is included in the general practitioners (GP) Registrar training programme. The ICGP Certificate in Contraception<sup>136</sup>, taken by almost all GPs and the IFPA's Certificate in Contraception Theory for doctors and nurses<sup>137</sup>, both recognised by the government, enable family doctors and medical practitioners to acquire the knowledge and skills to provide contraceptive services.

#### ➤ 5 Provision of Individualised Counselling and Quality Services

- Individualised counselling is an objective of the Irish healthcare system but it is not regarded as a high priority under the Framework for Improved Health and Wellbeing 2013-2020<sup>138</sup>.
- Individualised counselling is taught as a component of the medical curriculum and of certain postgraduate training programmes.
- Guidelines<sup>139</sup> for individualised counselling on contraception are provided under the CPP and include information on how to better prevent unintended pregnancies. Guidelines relating to quality provision of individualised counselling<sup>140</sup> are provided by healthcare professionals' organisations.

- Due to the lack of a single framework, consistent implementation of individualised counselling guidelines is lacking. There is also a lack of monitoring and evaluation systems to ensure implementation of minimum quality standards.
- Not all healthcare facilities have trained staff that can ensure application of all types of contraceptive methods.

#### ➤ 6 Existence of Reimbursement Schemes

- All modern contraceptive methods are equally available across the country.
- Women with a medical card receive contraceptives service and most contraceptive methods for free. According to the latest estimates, up to 41% of the population benefit from this scheme.
- People who do not have medical cards can apply to the Drug Payment Scheme under which individuals and families do not pay more than €144 for all prescribed medication each calendar month. Expenses incurred for contraception are tax deductible to some extent.
- The 2010 'Irish Contraception and Crisis Pregnancy Study'<sup>141</sup> concluded that the price of contraceptives represents a significant barrier for young people. It also restricts women's choice by leading to opt for less effective contraceptive methods or to dismiss certain methods such as long-acting reversible contraception (LARC).

#### ➤ 7 Prevention of Discrimination

- The National Action Plan for Social Inclusion 2007-2016<sup>142</sup> recognises the need to ensure equal access to good quality healthcare for all.
- NGOs have developed specific guidelines and programmes, for example to inform migrant women about available SRHR services<sup>143</sup>. There are, however, no recommendations issued by the government on how to provide quality SRHR services to vulnerable people for healthcare professionals and service providers.
- A number of studies and reports<sup>144</sup> have identified regional disparities in quality and availability of services, costs, stigma and issues of lack of confidentiality as significant barriers to access to contraception for young people.

#### ➤ 8 Empowering Women Through Access to Modern Contraceptive Choice

- The National Women's Strategy 2007-2016<sup>145</sup> is the main framework for gender equality policies. A strategy review was initiated by the government in 2012 but has not yet been published.
- A National Women's Strategy Monitoring Committee was expected to ensure equal implementation of the Strategy and publish annual progress reports. It aimed to gather a number of stakeholders, including relevant government departments, but has not met since 2013. SRHR are not included under this framework or addressed by the Committee.

***“It is crucial to go past debates on religious and cultural sensitivities in Ireland in order to address SRHR adequately, namely as a public health and human rights' issue which has significant impact on women's place in society. We call on the government to address SRHR comprehensively and ensure that remaining challenges in access to contraceptive choice are tackled.”***

**Orla O'Connor**, Chief Executive Officer of the National Women's Council of Ireland (NWC)





Results by Country

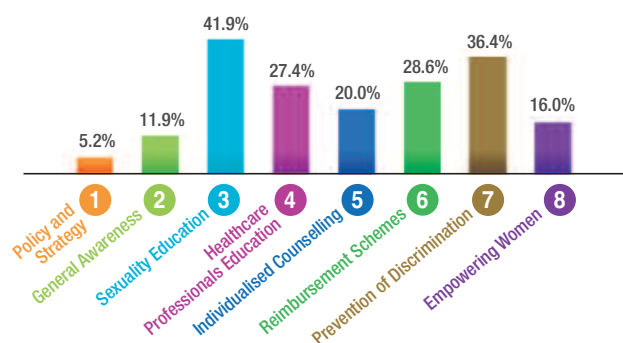
# Italy



## Overview

- Compared to the 2013 Barometer edition, there has been no change in sexual and reproductive health and rights (SRHR) policies and implementation. As a result, Italy's score has not changed and remains quite low (22.4%) compared to the other 15 EU member states covered by this report.
- SRHR are not a political priority despite various attempts by SRHR stakeholders to prompt a public debate.
- In recent years, austerity measures had a negative impact on SRHR in Italy, in particular on the implementation of sexuality education and on the quality of services provided by family planning centres.
- The influence of the Catholic Church on the development of policies remains strong and is considered a major obstacle to achieving progress in women's access to contraceptive choice and family planning.

### Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- There is no national strategy on SRHR in Italy.
- A number of related issues have been addressed through scattered measures over the last few decades:
  - 1975 Law on the Establishment of family planning centres<sup>146</sup>, so-called consultori familiari, which aim to provide the "necessary information and means to responsible procreation"<sup>147</sup>.
  - 1978 Law on social protection of maternity and abortion<sup>148</sup>, which includes a provision to allow contraception for minors.
  - 2000 Project Objective Maternal-Infant (POMI)<sup>149</sup>, adopted as part of the 1998-2000 National Health Plan, which aimed, amongst other things, to address SRHR issues such as pregnancy, abortion and service provision. The project, however, was only partially implemented in the past, in a few Regions.
- Since the adoption of the aforementioned laws, there have been various attempts to revamp existing policies and allocate more funding to SRHR. They have, however, not been successful to date.
- Stakeholder involvement in the development and evaluation of policies with an impact on SRHR has been very limited in the last 15 years.
- Regions are responsible for the implementation of these policies.

***"The Italian government still completely fails to address SRHR appropriately. Evidence-based, transparent policy making processes, increased political commitment to progress in this area and sufficient resources are crucial to avoid an otherwise inevitable further regression."***

*Emilio Arisi, President of the Italian Medical Society for Contraception (SMIC)*

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- General awareness on SRHR and modern contraceptive choice is limited.
- There are no government supported information campaigns.
- The government does sponsor few short-term campaigns on equal opportunities<sup>150</sup>; a recent campaign focused on sexual violence against women<sup>151</sup>. These campaigns are, however, not related to SRHR and family planning.
- Local information initiatives exist on contraception. They are organised very unevenly throughout the country.
- The existing campaigns are not considered to reach the target audience effectively.

## 3 Education on Sexual and Reproductive Health and Modern Contraceptive Choice For Young People and Young Adults

- There is no legal framework tackling sexuality education at schools, despite various attempts to put this issue on the political agenda<sup>152</sup>.
- There are no national curricula or guidelines available to teachers on sexuality education. The content of lessons, where they exist, and dedicated budget vary largely throughout the country.
- Austerity measures led to further regional disparities as even fewer schools are providing sexuality education and those that do have generally reduced the dedicated hours.
- Schools usually have dedicated programmes, run on a voluntary basis by teachers, with the support of gynaecologists and psychologists.
- In general, where it exists, sexuality education is provided to pupils aged 12 years old and above.
- Some Regions have specific initiatives in place to actively support sexuality education at schools (e.g. Trentino, Alto Adige and Toscana).

## 4 Education and Training of Healthcare Professionals and Service Providers

- Awareness about the full range of contraceptive methods amongst healthcare professionals is generally poor.
- Relevant international guidelines are disseminated by the Italian Medical Society for Contraception (Società Medica Italiana per la Contraccezione - SMIC)<sup>153</sup> and the Italian Society of Gynaecology and Obstetrics (Società Italiana di Ginecologia e Ostetricia - SIGO)<sup>154</sup>. These include:
  - 2008 second edition of the 'Medical eligibility criteria for contraceptive use'<sup>155</sup>, by the World Health Organization (WHO).
  - 2012 third edition of the 'Emergency Contraceptive Pills, Medical and Service Delivery Guidelines'<sup>156</sup>, by the International Consortium for Emergency Contraception (ICEC)<sup>157</sup> and the International Federation of Gynaecology and Obstetrics (FIGO)<sup>158</sup>.
  - 2013 guidelines on 'Emergency Contraception - A guideline for service provision in Europe'<sup>159</sup> by the European Consortium for Emergency Contraception (ECEC)<sup>160</sup> and European Society of Contraception and Reproductive Health (ESC)<sup>161</sup>.
- The 2008 guidelines on the 'Prevention of thrombosis complications associated with the use of combined estrogen-progesterone in the reproductive age'<sup>162</sup> are the only guidelines on modern contraceptive service delivery and counselling endorsed by the Italian government.
- SMIC, together with the Italian Society of Contraception (Società Italiana della Contraccezione - SIC)<sup>163</sup> also published two papers on emergency contraception between 2011 and 2013<sup>164</sup>.
- Although credible and evidence-based, the guidelines mentioned above are not implemented consistently throughout the country and do not refer to minimum quality standards for SRHR services. These guidelines favour a few contraceptive methods only: oral contraceptives, vaginal contraceptive ring, contraceptive patch and depot injection, not taking into account the latest scientific developments and other innovative contraceptive methods.
- At the time of this survey, SMIC was coordinating the development of new medical guidelines on intra-uterine contraception (IUC), which were expected to be finalised by the end of 2014.
- A limited number of universities provide education on SRHR for medical students; these curricula are not regularly updated.
- Only few informal education programmes on family planning and fertility control exist. They are organised by scientific societies or local health authorities and are well attended.

***"Many gynaecologists prefer not to insert IUDs and implants for medical-legal reasons and fear of complications leading to health claims. As a result, the use of these methods remains low."***

***Emilio Arisi, President of the Italian Medical Society for Contraception (SMIC)***

## 5 Provision of Individualised Counselling and Quality Services

- Individualised counselling is not required nor recommended in Italy.
- Family planning centres are often under-resourced and understaffed, and increasingly so due to austerity measures leading to a further decrease of quality services. Stakeholders have stressed the need for interdisciplinary teams in family planning centres and sufficient resources in order to ensure the provision of quality individualised counselling.
- These centres are not directly linked to hospitals or specialised services, which results in women not always being referred to specialists when appropriate.
- Outside the larger cities, family planning centres are neither easily accessible nor adapted to adolescents' needs.

- Very few family planning centres consider the full range of available modern contraceptives when providing counsel to women.
- Healthcare professionals lack sufficient support from the government in their daily activities in order to ensure quality care and counselling on SRHR.

## 6 Existence of Reimbursement Schemes

- Although all contraceptive methods are available in Italy, only a few oral contraceptives are reimbursed. In some Regions, however, IUDs can be inserted at a small cost in family planning centres.
- There are no plans to reimburse any other contraceptives.

## 7 Prevention of Discrimination

- The economic and social barriers to accessing contraceptives are not taken into account by the current framework on immigration and foreigners and policies to prevent discrimination.
- In a limited number of cities, there are specific health services supported by local health authorities (Regions) or NGOs for vulnerable groups such as migrants, adolescents, women who have suffered sexual abuse.

## 8 Empowering Women Through Access to Modern Contraceptive Choice

- Recent legislative initiatives aiming to enhance women's empowerment include quotas for women on management boards<sup>165</sup>, approbation<sup>166</sup> of the ratification of the Council of Europe Convention on preventing and combating violence<sup>167</sup> against women and domestic violence, and gender balance at political elections<sup>168</sup>. However, they do not include any provisions aimed to improve SRHR, family planning or fertility control.
- Despite a slightly increased focus on the promotion of women's health and women's empowerment in recent years, gender equality policies remain only scarcely implemented and no monitoring and evaluation systems are in place.

***"The Italian government put women's health forward as one of the policy priorities during the Italian Presidency of the Council of the European Union. I strongly call for more political will in Italy as well to progress in this field."***

***Emilio Arisi, President of the Italian Medical Society for Contraception (SMIC)***



Results by Country

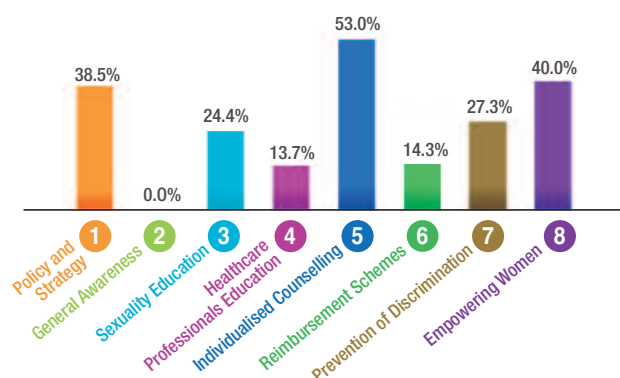
# Latvia



## Overview

- Latvia has an overall low score (27.9%) compared to the other 15 countries covered.
- Sexual and reproductive health and rights (SRHR) are addressed in several national policy provisions and guidelines exist for local implementation.
- Latvia scores highest in individualised counselling (53%), which is considered a core part of healthcare professionals' general practice.
- Thanks to a dedicated national plan for gender equality, Latvia scores relatively high in gender equality policies (40%) although SRHR are not included.
- Healthcare professionals' education in sexual and reproductive health and rights (SRHR) is however very limited (13.7%).
- Sexuality education is foreseen in the government framework but Latvia scores rather low (24.4%) as the content is not harmonised or monitored.
- Latvia also scores low with regards to policies on prevention of discrimination and reimbursement, neither are political priorities.
- General awareness raising campaigns on SRHR are non-existent.

## Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- There is a national policy framework on SRHR:
  - 2002 Sexual and reproductive health law<sup>169</sup>, which states that contraception is a voluntary choice and healthcare professionals have the duty to explain its importance to patients in order to prevent unintended pregnancies.
  - Public health strategy for 2011-2017<sup>170</sup>, which provides an SRHR situation analysis and addresses in particular general SRHR awareness, the negative impact of unhealthy lifestyles on newborns, and infertility.
  - Guidelines on health promotion, including SRHR, for municipalities<sup>171</sup> to support local implementation.
- However, the policy framework does not refer to contraceptives specifically.
- Provisions to involve NGOs in the development of national policies exist<sup>172</sup> but their views are not always taken into account.
- Collection of statistical data on SRHR related topics aims to facilitate policy review but no systematic review procedure is in place.

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- No public awareness campaigns exist on SRHR, modern contraceptive choice, or equal opportunities.
- Women's health is only addressed through campaigns on cancer, in particular breast cancer and cervical cancer. These campaigns are led by the government, healthcare professionals' organisations, NGOs and companies.

## 3 Education on Sexual and Reproductive Health and Modern Contraceptive Choice For Young People and Young Adults

- Sexuality education is under-resourced since neither funding nor time is specifically allocated to it<sup>173</sup>. It is integrated in the Latvian school curriculum under other courses such as social sciences and biology.
- The Ministry of Education<sup>174</sup> published school materials for sexuality education. However, teachers are not incentivised to use them. No other guidance is provided to teachers by the government.
- Teachers can also attend non-compulsory trainings on sexuality education provided by Papardes Zieds (IPPF Member Association)<sup>175</sup>. They are, however, poorly attended due to a lack of funding from local authorities.
- There is a lack of evidence on how sexuality education is implemented in schools.

***"The Latvian government needs to increase its efforts to promote SRHR awareness among young women and young adults. A key step forward would be the improvement of sexuality education. The development of dedicated awareness campaigns on SRHR could also play a role in this regard."***

*Iveta Kelle, Executive Director of Papardes Zieds*

## ➤ 4 Education and Training of Healthcare Professionals and Service Providers

- There are no national guidelines on modern contraceptive service delivery and counselling.
- The World Health Organization's (WHO) guideline 'Medical eligibility for contraceptive use'<sup>176</sup> is translated in Latvian but its implementation is voluntary.
- Family planning and contraceptive choice are optional courses under the medical curriculum. Midwives are introduced to the topics during their training.
- The Latvian Gynaecologists and Obstetricians Association (Ginekologu un dzemdību speciālistu asociācijas - GINASOC)<sup>177</sup> organises post-graduate trainings and yearly refresher courses on contraceptive methods during which it disseminates the new scientific evidence on the effectiveness of modern contraceptives.

## ➤ 5 Provision of Individualised Counselling and Quality Services

- Individualised counselling recommendations are included in the government policy on general medical curriculum and practicum standards<sup>178</sup>. Psychology and communication skills are covered.
- Counselling for SRHR, in particular, is foreseen in the 2002 Sexual and reproductive health law<sup>179</sup>.
- However, no formal guidelines or minimum quality standards are provided leading to differences in quality of individualised counselling services across the country, since no monitoring systems exist.
- Access to SRHR services is also limited, especially in rural areas, as the main providers, gynaecologists, are not evenly present throughout the country<sup>180</sup>. There are no family planning centres.

***“GPs’ capabilities to address patients’ concerns related to sexual and reproductive health should be improved to increase access to SRHR services throughout the country. Likewise, individualised counselling – although included in the medical school curricula – should be better regulated and monitored.”***

**Prof. Ilze Viberga**, Associated Professor of the University of Latvia (Latvijas Universitāte), Board member of the Latvian Gynaecologists and Obstetricians Association (GINASOC)

## ➤ 6 Existence of Reimbursement Schemes

- Modern contraceptive methods are equally available across the country, except for female condoms and diaphragms which are not available.
- No contraceptive methods are reimbursed.

***“Access to contraceptives should be considerably improved through the development of reimbursement schemes. We strongly call on the government to take the necessary steps.”***

**Iveta Kelle**, Executive Director of Papardes Zieds

## ➤ 7 Prevention of Discrimination

- There are no policies targeting SRHR services for vulnerable groups.
- The Law on patients' rights forbids discrimination<sup>181</sup>; however, in practice, healthcare professionals do not always have the adequate skills.
- Economic and social barriers are not taken into account to ensure full access to contraceptive choice.

## ➤ 8 Empowering Women Through Access to Modern Contraceptive Choice

- Latvia has a Plan for Implementation of Gender Equality in 2012-2014 in place<sup>182</sup>, which is implemented throughout the country and regularly monitored.
- SRHR, fertility control and information on access to the full range of modern contraceptives are, however, not addressed within the plan.





Results by Country

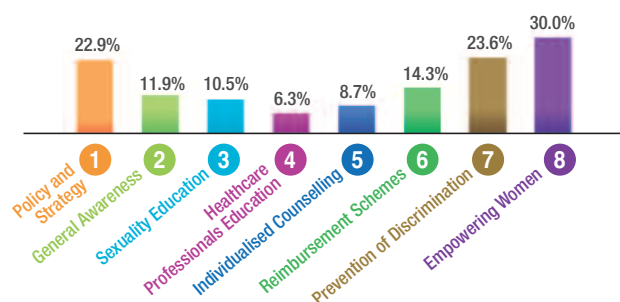
# Lithuania



## Overview

- With the development of a draft national law on sexual and reproductive health and rights (SRHR), Lithuania is performing better in some policies since the 2013 Barometer edition.
- The SRHR draft law includes provisions targeted at vulnerable groups, which, compared to the 2013 Barometer edition, slightly improves Lithuania's score in the field of prevention of discrimination (from 18.2% to 23.6%).
- Religious opposition continues to impact the way SRHR are dealt with in Lithuania.
- General awareness of SRHR remains low, mainly due to the fact that sexuality education at schools is largely limited to the promotion of abstinence, the lack of information campaigns and the limited education on contraceptives for healthcare professionals.
- Compared to other countries, Lithuania receives a slightly higher score for its equal opportunity policies to empower women (30%), but these are not linked to SRHR.
- Overall, and despite the progress in some policies, Lithuania's total country score (14.6%) is still the lowest compared to the other 15 countries included in this Barometer edition.

## Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- In 2014, the Ministry of Health<sup>183</sup> started to develop a draft law on SRHR, family planning and contraception<sup>184</sup>. According to the draft text, the law should enter into force in January 2015 but the timeline for adoption was still to be confirmed at the time of this survey.
- The draft legislation aims to tackle access to contraception, sexuality education, education and training of healthcare professionals and service providers, awareness raising of sexual health and modern contraceptive choice, reimbursement, individualised counselling, and prevention of discrimination. It does not refer to specific contraceptive methods.
- Various stakeholders, both pro- and anti-choice, are involved in the development process. NGOs consulted by the government include the national Family Planning and Sexual Health Association (Šeimos planavimo ir seksualinės sveikatos asociacija – FPSHA, IPPF Member Association)<sup>185</sup>, the Lithuanian Medical Students Association (Lietuvos medicinos studentų asociacija – LIMSA)<sup>186</sup>, the Women's Issues Information Centre (Moteryų informacijos centras - MIC)<sup>187</sup>, the Human Rights Monitoring Institute (Žmogaus teisių stebėjimo institutas - ŽTSI)<sup>188</sup>, the National Society of Midwives (Lietuvos Slaugos Specialistų Organizacija - LSSO)<sup>189</sup>, the Lithuanian Association of Obstetricians and Gynaecologists (Lietuvos akušerių ginekologų draugija – LAGD)<sup>190</sup>.
- The Catholic Church continues to have a considerable influence on the government and its policies, including the draft SRHR law under development.

***“Following our call to action in the past years for a national SRHR strategy, we are very pleased with the government's initiative to develop a law on SRHR. We now call on the government to ensure the law includes provisions for improved access to contraceptive choice, prevention of unintended pregnancies, and increased awareness among healthcare professionals and the wider public.”***

*Esmeralda Kuliesyte, Executive Director of the Family Planning and Sexual Health Association (FPSHA)*

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- Public awareness of SRHR and modern contraceptive choice remains limited due to a lack of government supported information campaigns.
- Although the government does support some information campaigns on equal opportunities for women, the information is not linked to SRHR or fertility control.

## 3 Education on Sexual and Reproductive Health and Modern Contraceptive Choice For Young People and Young Adults

- In 2007, the Ministry of Science and Education<sup>191</sup> adopted a nonbinding education programme on preparation for family life and sexuality education<sup>192</sup> along with guidelines targeted at teachers entitled ‘Training for family and sexuality education’<sup>193</sup>.
- Both documents were developed in close collaboration with a selected group of catholic, conservative stakeholders.
- They focus on the health risks of contraceptive methods and do not include information on the use and value of contraceptive methods to prevent unintended pregnancies.
- Abstinence is largely promoted in line with the view of catholic groups.
- Pupils and students receive very limited to no education on SRHR and contraceptive choice. This is due to the fact that the education programme and guidelines focus on abstinence.

***“Due to the influence of the Catholic Church, information on contraception is still not evidence-based or widely disseminated. Credible and effective SRHR policies need to rely on sound scientific evidence and not on religious bias. Systematic consultation of scientific and medical experts in the field is necessary in order to improve women’s and society’s wellbeing.”***

**Vytautas Klimas**, Doctor gynaecologist, member of the Family Planning and Sexual Health Association (FPSHA)

#### ➤ 4 Education and Training of Healthcare Professionals and Service Providers

- Public and academic bodies follow the Catholic Church's teachings with regards to reproductive health education.
- This is considered the main obstacle for the development of healthcare professional recommendations or guidelines on modern contraceptive service delivery and counselling.
- Few informal education programmes on family planning and fertility control exist in the form of university lectures. Where they do exist, they mainly focus on the advantages of ‘natural’ family planning.
- Only a minority of doctors are considered willing to overcome these myths and focus on women’s needs and access to choice. Progress is, however, very difficult due to the lack of support from policy makers.

#### ➤ 5 Provision of Individualised Counselling and Quality Services

- Individualised counselling is not implemented or recommended in Lithuania.
- Doctors and nurses lack appropriate training on individualised counselling and on how to address young adults’ needs.
- Women are referred to specialist services when appropriate. Waiting lists may be up to 2-3 weeks.
- Clients’ confidentiality is guaranteed by specific legal measures<sup>194</sup>. Adolescents up to 16 years old, however, are not allowed to receive health services, including reproductive health services, without parental consent<sup>195</sup>.

#### ➤ 6 Existence of Reimbursement Schemes

- Contraceptive implants have recently been made available. Therefore, all contraceptive methods are now available in Lithuania, except injectable contraceptives. The government intends to legalise surgical sterilisation in the future SRHR law.
- Contraceptives are not reimbursed in Lithuania. However, the draft law on SRHR includes provisions for reimbursement schemes to improve access to contraceptives for young people and other vulnerable groups.
- Young adults are considered to face considerable financial barriers in accessing contraceptives.

#### ➤ 7 Prevention of Discrimination

- The government intends to introduce measures to prevent discrimination and improve access to SRHR services for vulnerable groups in the SRHR law under development.

***“Once the SRHR law is adopted, we hope that Lithuania is on the right way towards the improvement of SRHR. We call on the government to ensure the law’s implementation, monitoring and review with support of all relevant stakeholders to the benefit of the whole population including the most vulnerable.”***

**Esmeralda Kuliesyte**, Executive Director of the Family Planning and Sexual Health Association (FPSHA)

#### ➤ 8 Empowering Women Through Access to Modern Contraceptive Choice

- Gender equality and women’s empowerment are addressed by nationwide legislation, the 2003 Equal opportunities Law<sup>196</sup> and the State of equal opportunities for women and men programme for 2010 – 2014<sup>197</sup>, both of which are implemented across the country.
- SRHR are, however, not addressed within the equal opportunities and employment integration policies.



Results by Country

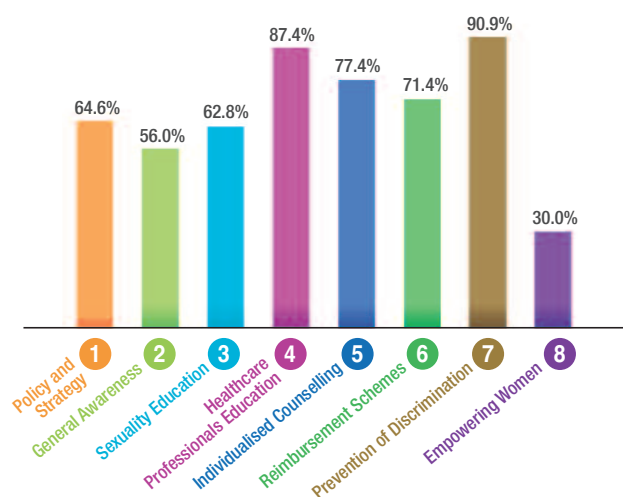
# The Netherlands



## Overview

- Compared to the 2013 Barometer edition, the ranking of The Netherlands in the area of general awareness has decreased from 60.7% to 56% due to the Dutch government's decision in 2014 to stop all health related awareness raising campaigns.
- The Netherlands continues to have a very high score regarding policy measures aiming at preventing discrimination (90.9%) compared to the other 15 countries examined in this report.
- By contrast, The Netherlands scores significantly lower in the area of empowering women through access to modern contraceptive choice (30%).
- In addition to general awareness and women empowerment, another area for further improvement remains regular review of SRHR policies.
- The Netherlands focuses its sexual and reproductive health and rights (SRHR) policies mainly on the prevention of unintended pregnancies.
- Although an increased focus on contraception has been introduced for sexuality education, the educational support programme is voluntary.

### Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- SRHR and family planning are addressed under both the general health policy and the specific sexual health policy frameworks<sup>198</sup>, which fall under the remit of the Ministry of Health<sup>199</sup>. Both policies emphasise the importance of youth empowerment as a priority objective.
- There is a strong policy focus on the prevention of unintended pregnancies.
- These policy frameworks also include provisions for the government to take responsibility for disseminating information about the prevention of sexually transmitted diseases and unintended pregnancies through contraception.
- Stakeholders are involved in the shaping, implementation, monitoring and evaluation of SRHR policies, particularly Rutgers WPF (IPPF Member Association)<sup>200</sup>, STI Aids Netherlands (Soa Aids Nederland)<sup>201</sup>, the Centres for contraception, sexuality and abortion (Centra voor Anticonceptie Seksualiteit en Abortus - CASA)<sup>202</sup>, the Institute for social support in the case of unintended pregnancies and abortion decision-making (Stichting Ambulante Fiom - FIOM)<sup>203</sup>, the Dutch Society for General Practitioners (Nederlands Huisartsen Genootschap - NHG)<sup>204</sup>, and the National Health Care Institute (Het Zorginstituut Nederland)<sup>205</sup>. However, there is no systematic approach for stakeholder involvement, and beneficiaries are rarely consulted.
- Although policies are not regularly reviewed, some surveys are conducted regarding women's access to contraceptive choice. Recent data<sup>206</sup> of the Central Bureau of Statistics (CBS) show a trend towards the use of more diversified methods.

***"The Dutch government's decision to stop all awareness-raising campaigns on SRHR jeopardises people's access to information on contraceptive methods and SRHR services. This is a regrettable step backwards."***

*Ciel Wijsen, Research Manager for Rutgers WPF*

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- In 2014, the liberal-labour government decided to cancel all awareness raising campaigns on health issues due to a lack of political support and austerity measures.
- Former government funded information campaigns on SRHR included a focus on the prevention of unintended pregnancies and contraceptive choice. Examples include a website on contraceptive choice<sup>207</sup>, a small-scale media campaign on youth empowerment and contraceptives<sup>208</sup> and a safe sex campaign on condom use and testing<sup>209</sup>.
- The campaigns were targeted at young people and young adults and ran effectively across the country.

## 3 Education on Sexual and Reproductive Health and Modern Contraceptive Choice For Young People and Young Adults

- Sexuality education at schools is compulsory and taught generally between the age of 6 and 15.
- There are only voluntary guidelines on sexuality education requesting teachers to cover at least the topics of safe sex, sexual diversity and prevention of discrimination.
- Since the 2013 Barometer edition, the programme Long Live Love<sup>210</sup>, developed by STI Aids Netherlands, Rutgers WPF and supported by the government to help teachers tailor sexuality education, has been revised and now increases the emphasis on the module on contraception for sexuality education in secondary schools. However, statistics on uptake by teachers are not available.
- It also provides materials and educational trainings for teachers.
- The government funds targeted sexuality education for vulnerable people.
- The Ministry of Education regularly revises the impact and outcome of sexuality education at schools and takes the analysis results into account.

***“We believe that the recent update of the educational programme Long Live Love will contribute to high awareness of contraceptive choice in The Netherlands. We call on all schools to actively promote this programme and on the government to support it.”***

**Ineke van der Vlugt**, Programme Manager for Rutgers WPF

#### ➤ 4 Education and Training of Healthcare Professionals and Service Providers

- The NHG has developed guidelines on modern contraceptive service delivery and counselling, including minimum quality standards<sup>211</sup>. These guidelines have been endorsed by the government.
- Although the NHG guidelines provide a balanced recommendation on the different contraceptive methods available, according to Rutgers WPF, healthcare professionals tend to predominantly opt for ‘safe’ choices, i.e. contraceptives that they are most familiar with.
- Healthcare professionals are currently debating the implementation of specific consensus guidelines for non-compliance when taking oral contraceptives.
- Recommendations on individualised counselling only focus on women who have already given birth or perimenopausal women.
- In general, professional guidelines are reviewed on a regular basis.
- Fertility control and contraceptive choice for young people and young adults is part of the medical curriculum, training courses and postgraduate training programmes for healthcare professionals.

#### ➤ 5 Provision of Individualised Counselling and Quality Services

- The NHG guidelines include a reference to individualised counselling. Implementation of the guidelines and minimum standards could, however, be improved.
- Individualised counselling on contraceptive choice is provided in various settings: primarily general practitioner (GP) consultations (low-threshold care) but also youth clinics and public centres for sexual health. All these expert stakeholders are involved in formulating the minimum standards.
- There is no monitoring in place regarding the quality of counselling services.
- Individualised counselling is included in the medical curriculum and some professional organisations provide specific trainings on counselling, such as the Netherlands Institute for applied science - RINO group (Nederlandse Organisatie voor toegepast-natuurwetenschappelijk onderzoek - TNO)<sup>212</sup> and the Netherlands School of Public & Occupational Health (NSPOH)<sup>213</sup>.
- General practitioners receive incentives for trainings on individualised counselling through a point system for career progress.

***“Patients often indicate that their GPs provide very limited information about contraceptive methods other than oral contraception and condoms.”***

**Ineke van der Vlugt**, Programme Manager for Rutgers WPF

#### ➤ 6 Existence of Reimbursement Schemes

- All modern contraceptives are available across the country.
- There is a partial reimbursement scheme, based on age:
  - For women under 21 years old, all contraceptives are reimbursed through compulsory health insurance, with a yearly threshold of €350.
  - For women aged 21 years and older, there is no reimbursement in the basic insurance policy. Contraceptives can however be covered by additional health insurance schemes.
- Condoms are not reimbursed, but they are provided for free by some health insurance companies. Emergency contraception is only reimbursed when prescribed by a doctor.
- Financial barriers to access the full range of modern contraceptives therefore exist.
- The government takes the results of the monitoring and evaluation system into account to revise the reimbursement scheme.
- With political turnover, there are recurring political debates on whether contraception should be reimbursed at all as it is not strictly considered as medication.

#### ➤ 7 Prevention of Discrimination

- There are guidelines for healthcare professionals and service providers on how to reach out to and deliver quality SRHR services to vulnerable groups<sup>214</sup>.
- For young people, youth clinics are established as an additional service to GP services. These are mainly meant to reach underserved populations, which encounter difficulties in accessing GP consultations.
- According to Rutgers-WPF, the costs of newly developed contraceptives remain the main barrier to ensuring equal access to contraceptive choice.

#### ➤ 8 Empowering Women Through Access to Modern Contraceptive Choice

- Policy measures to address gender equality and women empowerment are implemented across the country.
- However, they do not tackle SRHR and family planning issues as means to support equal opportunities and help women plan their professional and personal life<sup>215</sup>.
- No monitoring systems are expected in the near future to evaluate the impact of these policies.





Results by Country

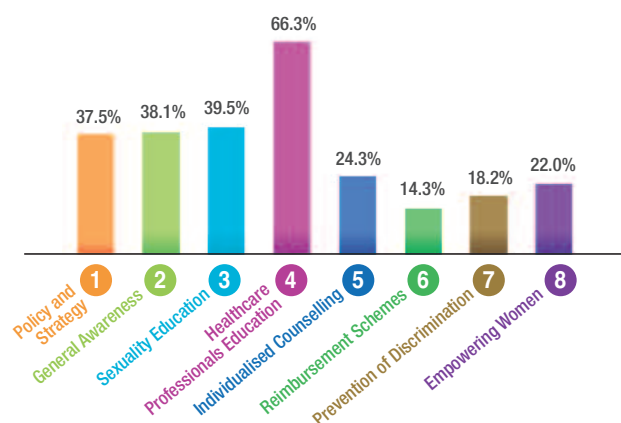
# Poland



## Overview

- Overall, Poland maintains an average to low score (35.6%) compared to the other 15 countries analysed in this Barometer report. There have been no significant changes in the policy areas since the 2013 Barometer edition.
- The only notable development is the publication by the Polish Gynaecological Society of updated medical recommendations which address a wider range of contraceptive methods and provide minimum quality standards on service delivery and counselling to women.
- This increases Poland's score for policies on education and training of healthcare professionals (from 52.6% to 66.3%).
- In general, access to contraceptive choice is still limited in Poland due to restricted reimbursement schemes, religious opposition, and the 'conscience clause' for healthcare professionals.
- In the past few years, there have been several opposing attempts to revise the existing framework on sexual and reproductive health and rights (SRHR), by both progressive and conservative forces, but none successful. Poland received a rather low score (37.5%) in SRHR policy making in relation to the other 15 countries analysed in this Barometer report.

## Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- The 1993 Act on family planning, human foetus protection, and conditions for abortion<sup>216</sup> includes general provisions regarding SRHR related issues, such as medical and social care for pregnant women, family planning, contraceptive methods, sexuality education at school, and abortion.
- The Act establishes the government's responsibility to "provide methods for responsible procreation"<sup>217</sup>. However, the Act remains general and there is no reference to ensuring women's access to modern contraceptive choice.
- There are regular and opposing attempts to amend the Act from progressive and conservative forces. The latest legislative proposal to amend the Act was put forward by conservative members of the Parliament in 2013 and aimed to restrict abortion rights. The proposal was, however, rejected.
- The Ministry of Health<sup>218</sup> publishes annual progress reports<sup>219</sup> regarding the implementation of the Act, including general statistical information, such as prices of contraceptive methods, number of legal abortions, budget allocations, list of medical programmes related to family planning etc.
- NGOs develop their own progress reports which analyse the gaps in SRHR related policies, e.g. the '1+1=3 Campaign for Responsible Parenthood'<sup>220</sup> aiming to promote responsible sexual behaviour and knowledge of contraceptive methods, led by the Polish Gynaecological Society<sup>221</sup> and the Family Planning Association (Towarzystwo Rozwoju Rodziny – TRR, IPPF Member Association)<sup>222</sup> with the support of the pharmaceutical industry, and the 'Condomisation' campaign, focusing mainly on fertility control and on the prevention of sexually transmitted infections (STIs), organized by TRR.
- The Act, however, is not fully implemented. According to TRR, the so called "conscience clause", which serves to protect individual religious, moral or ethical beliefs, which doctors may use to refuse to prescribe contraceptive methods, still plays a role in certain cases.
- In March 2014, 3643 healthcare professionals signed a "Declaration of Faith"<sup>223</sup> in which they declared that they would not engage in abortion and birth control in particular. While these doctors barely represent 1% of the profession, this initiative triggered increased debate on the influence of religion in Poland in the provision of SRHR services.

***"There is still a lot of progress to be made in the field of SRHR in Poland. Recurring myths and stereotypes that prevent people from accessing contraceptive choice need to be addressed and attempts by conservative forces to downgrade SRHR need to be fought continuously. We call on the government to recognise access to modern contraceptives as a right which should not depend on somebody's good will or conscience."***

**Dr. Joanna Dec-Pietrowska**, Educator at the Family Planning Association (Towarzystwo Rozwoju Rodziny - TRR), Former President of IPPF European Network

- In order to encourage and empower young women to engage in the political debate for better SRHR, TRR launched the campaign 'Girls Sexuality'.

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- The government organises SRHR information campaigns in cooperation with external stakeholders, mainly tackling cervical and breast cancer prevention, prostate examination and prevention of HIV/AIDS. Some campaigns address family planning and contraceptives but they only mention male condoms and oral contraceptives.
- These campaigns are implemented across the country. However, they often only reach out to people with health insurance and are not considered to be reaching their target audience effectively.
- NGOs and healthcare professional organisations organise a number of campaigns, e.g. the '1+1=3 Campaign for Responsible Parenthood' aiming to promote responsible sexual behaviour and knowledge of contraceptive methods, led by the Polish Gynaecological Society and TRR with the support of the pharmaceutical industry, and the 'Condomisation'<sup>224</sup> campaign focusing mainly on fertility control and on the prevention of sexually transmitted infections (STIs), organised by TRR.

- The government organises information campaigns on equal opportunities. However, these do not include any focus on fertility control and contraceptive choice.

### 3 Education on Sexual and Reproductive Health and Modern Contraceptive Choice For Young People and Young Adults

- Sexuality education is addressed under the heading 'education for family life' and regulated by two pieces of legislation in Poland:
  - 1993 Act on family planning, human foetus protection, and conditions for abortion, which introduces a non-mandatory sexuality education programme, entitled 'Knowledge of human sexual life'<sup>225</sup>.
  - 2012 Ministry of Education Decree<sup>226</sup> (first adopted in 1999 and amended several times), which outlines the teaching methods and content of the 'Knowledge of human sexual life' programme. The programme introduces a course entitled 'Education for family life'.
- Sexuality education is provided to pupils 11 years old and older.
- In practice, parents have the possibility to remove their children from sexuality education courses.
- The Ministry of Education Decree establishes that sexuality education should be provided by qualified teachers. However, teachers generally lack sufficient training and knowledge in the field of SRHR.
- The above is considered to result in a lack of credible information on SRHR, as well as ideologically marked content based on the teachers' personal moral points of view.
- In practice, only limited information is provided to students on the range and use of modern contraceptive methods.

***“Comprehensive and science-based sexuality education should be mandatory at all school levels. NGOs have launched successful initiatives to address existing gaps but it is the government’s duty to ensure and maintain access to high quality sexuality education.”***

**Dr. Joanna Dec-Pietrowska**, Educator at the Family Planning Association (Towarzystwo Rozwoju Rodziny - TRR), Former President of IPPF European Network

### 4 Education and Training of Healthcare Professionals and Service Providers

- In March 2014, the Polish Gynaecological Society issued updated recommendations on 'Safety and eligibility for hormonal and intra-uterine contraception'<sup>227</sup>.
- These recommendations address a wide range of modern contraceptives and focus in particular on intra-uterine devices (IUDs). They also provide quality standards or objectives for SRHR services, which represents an improvement compared with previous guidelines.
- The Polish Gynaecological Society also developed specific recommendations for certain contraceptive methods: gestodene mini contraceptive pills (2008)<sup>228</sup>, vaginal hormonal contraceptive systems (2008)<sup>229</sup>, and skin hormonal contraceptives (2009)<sup>230</sup>. Pharmaceutical companies and NGOs also issue informal recommendations on the use of different contraceptive methods<sup>231</sup>.
- Gynaecology courses during medical studies are compulsory and touch upon the topics of family planning, fertility control and contraceptive methods. The content, however, is often very general and limited.
- Postgraduate trainings on SRHR exist, but they are informal and very limited and delivered in the form of conferences, seminars and short specialised courses.

### 5 Provision of Individualised Counselling and Quality Services

- Individualised counselling is not required, nor recommended.
- Although women are always referred to specialist services when

appropriate, the SRHR service providers are usually located in bigger cities only, making access more difficult for people from small towns and rural communities.

- Doctors and nurses have the right to refuse prescribing and fitting contraceptive methods under the 'conscience clause'.
- Also, according to the Act on the occupation of doctor and dentist<sup>232</sup>, in the case of minors, doctors require the parents' consent for medical examinations, which is necessary prior to prescribing contraceptives and can therefore be seen as a considerable obstacle to access.
- Confidentiality is supported through a legal framework and respected by healthcare professionals and service providers<sup>233</sup>. In smaller communities, however, privacy is not fully ensured and this plays an important role in dissuading women from seeking counselling services and hinders the quality of services.

### 6 Existence of Reimbursement Schemes

- Female condoms are only available on the internet in Poland.
- Access to less popular methods, such as vaginal contraceptive rings, contraceptive patches, and long-acting reversible contraception (LARC), might be limited in small pharmacies.
- Nine types of older generation contraceptive pills are reimbursed, at 30%. These pills are prescribed for medical reasons.
- The lack of reimbursement for other contraceptive methods may represent a financial barrier to access modern contraception, in particular for young adults.

### 7 Prevention of Discrimination

- Equal treatment in the area of medical services and education falls under a specific piece of legislation, adopted in 2012, aiming to implement the 'EU provisions on equal treatment'<sup>234</sup>.
- People covered by health insurance, which includes all registered unemployed people, benefit from easier access to public health services.
- A specific piece of legislation on publicly funded healthcare services<sup>235</sup> aims to protect minors and pregnant women who do not have health insurance.
- Although some oral contraceptives cost less than €3 per month, making them affordable to most people, they may not be appropriate for every woman.

***“We call on the Polish government to ensure adequate access to high quality SRHR services to all. To effectively reduce the number of unintended pregnancies, comprehensive awareness-raising campaigns, widely recognised guidelines for healthcare professionals and accessible and affordable SRHR services are urgently needed.”***

**Agnieszka Nomejko**, Sexologist at the Family Planning Association (Towarzystwo Rozwoju Rodziny - TRR)

### 8 Empowering Women Through Access to Modern Contraceptive Choice

- The Constitution of the Republic of Poland<sup>236</sup> and the national legislation on equal treatment state equal rights and opportunities for men and women as a national policy goal.
- Women, however, are often discriminated against in the labour market with regards to job offers, positions and salaries.
- The legal framework on gender equality does not include a SRHR component.
- The government's monitoring system is limited to responding to complaints received. There is no consistent or regular evaluation of the impact of the policies in place.



Results by Country

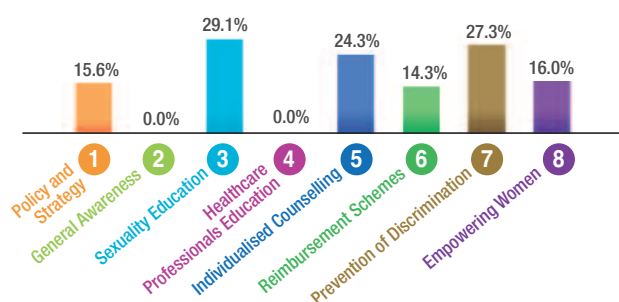
# Romania



## Overview

- Romania is among the lowest ranking countries covered in this Barometer report (15.6%).
- Following the country's accession to the EU, sexual and reproductive health and rights (SRHR) have been suffering from the discontinuation of international development funding as well as political instability and a lack of political will.
- The development of a national SRHR strategy has been put on hold since 2011 following governmental changes.
- General awareness campaigns and healthcare professionals' education on SRHR are non-existent.
- Although sexuality education ranks highest (29.1%) among the SRHR related policies in Romania, it is a rather low score compared to the other countries covered in this report, which is mainly due to the fact that sexuality education is not comprehensive or evenly provided across the country. Religious opposition plays a role.
- Currently, no reimbursement for contraceptives exists. In the past however, some provisions existed to increase access to contraceptives for vulnerable groups, but they have not yet been adopted for 2013-2014.
- A national policy framework exists to avoid discrimination and ensure gender equality, but it does not touch upon access to contraceptives.

## Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- Currently, there is no national SRHR strategy in Romania. The last National Strategy for Sexual and Reproductive Health covered the period 2002-2006<sup>237</sup> and has not been renewed since then.
- Between 2009 and 2011, the United Nations Populations Fund (UNFPA) and the World Health Organization (WHO) launched a consultative process under the auspices of the Romanian Parliament and the Ministry of Health<sup>238</sup> for the development of a new national SRHR strategy<sup>239</sup>. Various NGOs, including the Romanian Society for Education on Contraception and Sexuality (Societatea de Educatie Contraceptiva si Sexuala – SECS, IPPF Member Association)<sup>240</sup>, were actively involved in this process.
- The draft SRHR strategy touched upon access to family planning services and contraception, education and awareness of modern contraceptive methods, with a particular emphasis on vulnerable groups. It also included provisions for stakeholder participation in the review of the strategy. The country's political instability hampered the finalisation of the strategy.
- In 2013, the Ministry of Health initiated the development of a draft National Public Health Strategy 2014-2020<sup>241</sup>, which included some provisions of the draft SRHR strategy and a specific budget for sexual and reproductive health. However, changes in the Ministry of Health in 2014 delayed the adoption. At the time of this survey, the draft was under revision by the Ministry of Health and a timeline for adoption remained unclear.
- Access to family planning is, however, supported under the National Health Programme for Women and Children<sup>242</sup>, which addresses access to male contraception and oral contraceptives.
- The National Institute for Statistics of Romania (Institutul National de Statistica – INS)<sup>243</sup> regularly publishes data examining certain health indicators; findings stressed among others a high number of unintended pregnancies among young people and young adults<sup>244</sup>. The Ministry of Health, however, does not consider this data a source for policy review and, therefore, the data is not taken into account in the governmental agenda setting.

***“More than 11% of deliveries in Romania are from young girls below 20 years of age. SRHR policies tackling unintended pregnancies and improving access to modern contraceptive choice are urgently needed in our country. We call upon the government to ensure that a new national strategy on SRHR is taken forward with no further delays.”***

**Florin Buhuceanu**, Executive President of the Euroregional Center for Public Initiatives (ECPI)

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- No campaigns on SRHR were run since 2008.
- Since the accession of Romania to the EU in 2007, the country no longer receives international development funds, which, according to SECS, previously provided the main resources for the development and implementation of SRHR related policies and campaigns.
- The development of SRHR awareness raising campaigns in coordination with relevant stakeholders is encompassed in the draft National Public Health Strategy developed by the Ministry of Health in 2013. However, the drafted strategy is being reviewed following governmental changes, and it is therefore unclear whether this will be implemented.



### 3 Education on Sexual and Reproductive Health and Modern Contraceptive Choice For Young People and Young Adults

- Sexuality education falls under the health education curriculum<sup>245</sup>, which is an optional discipline for schools to provide. Although there is data available on the number of schools providing health education, statistics do not include the number of schools providing sexuality education.
- The curriculum includes guidelines for possible topics to be covered in sexuality education. However, the content and level of detail is subjective to the individual teacher's decisions, which are often influenced by cultural and religious considerations. In general, only limited information on the variety of modern contraceptive methods is provided.
- Some training courses on sexuality education for teachers have been organised in the past within projects funded by the Global Fund Against AIDS, Tuberculosis and Malaria (GFATM) and the European Social Fund (ESF).
- A governmental monitoring system is in place aiming to review the health education curriculum, but the results are not evaluated to improve the programme.

***“Following our entry into the EU, Romania did not have access to international development funds anymore, which had a negative impact on the organisation of trainings for teachers and healthcare professionals. The government should allocate European or national funds to the training of these professionals, who are key to improve access to contraceptive choice and reduce the number of unintended pregnancies in Romania.”***

*Iustina Ionescu, Human Rights Programme Manager of the Euroregional Center for Public Initiatives (ECPi)*

### 4 Education and Training of Healthcare Professionals and Service Providers

- There are no national guidelines on family planning and modern contraceptive methods officially endorsed by the Ministry of Health or College of Physicians (Colegiul Medicilor din Romania - CMR)<sup>246</sup>.
- Various WHO contraception guidelines<sup>247</sup> have been translated and disseminated by NGOs, but the uptake by healthcare professionals and medical schools is considered very limited.
- Since Romania's accession to the EU and the subsequent withdrawal of international development funds by the UNFPA and the United States Agency for International Development (USAID), no training of healthcare professionals and service providers have been organised.
- According to SECS, European Social Funds (ESF) are not used to improve healthcare professionals' skills and knowledge on fertility control and family planning because the government is prioritising other areas.

### 5 Provision of Individualised Counselling and Quality Services

- There are no guidelines on contraceptive service delivery or individualised counselling in Romania.
- Counselling is not included in healthcare professionals' education, nor is it foreseen in postgraduate trainings.
- Trainings on family planning that include individualised counselling have been organised by SECS with the help of UNFPA and USAIDS funds before 2007. According to SECS, about 75% of the invited general practitioners and family doctors participated in the trainings when they were organised.

- However, healthcare providers' responsibility to offer individualised counselling is mentioned both in the Framework Contracts for achieving national health programmes, which set out health services providers' responsibilities within the Health Insurance System<sup>248</sup>, and in the Law on patients' rights<sup>249</sup>, which also provides for the legal framework for patient confidentiality.
- According to SECS, however, healthcare professionals do not take patients' individual needs appropriately into account during medical consultations and confidentiality is often threatened by unsuited healthcare infrastructures.
- Specialised family planning services are mainly concentrated in urban areas and hours of operation are not adapted to the users' needs.

### 6 Existence of Reimbursement Schemes

- All contraceptive methods are available, except depot injections and dermal implants. However, female condoms, diaphragms, vaginal rings and contraceptive patches are rare due to low demand.
- In general, contraceptive methods are not reimbursed.
- Certain contraceptives (oral contraceptives, IUDs and condoms) were available free of charge for vulnerable people as a specific budget was allocated for this by the government. These provisions covered students, the unemployed, those living on social security benefits, individuals under a specific revenue threshold or who declare themselves unable to afford contraceptives, people living in rural areas and women in the year following an abortion.
- At the time of this survey, the provisions had not been renewed by the Ministry of Health for the financial year 2013-2014<sup>250</sup> and it remained unclear whether it would change for 2014-2015.
- In the framework of the UNFPA Total Market Approach<sup>251</sup>, the development of a monitoring and evaluation method had been initiated with the participation of relevant stakeholders. However, the development has been put on hold following a lack of funds.

***“Although governmental provisions foresee that Romania should provide contraceptive methods to vulnerable people, in reality, accessibility depends on the available stocks in family planning centres and on the allocated budget. We call upon the government to ensure sufficient resources to increase accessibility for all young women.”***

*Borbala Koo, Executive Director of the Romanian Society for Education on Contraception and Sexuality (SECS)*

### 7 Prevention of Discrimination

- In Romania, discrimination is addressed in the Law on the prevention and sanction of all forms of discrimination<sup>252</sup>. Although the law secures the right to health and healthcare for all, it does not specifically address anti-discriminatory measures in the field of SRHR.
- The Law on health insurance<sup>253</sup> also stipulates that health services must be provided without discrimination.
- In practice, however, there is no guidance for healthcare professionals and service providers on how to effectively reach out to vulnerable groups and deliver quality SRHR services to all people.

### 8 Empowering Women Through Access to Modern Contraceptive Choice

- The policy framework for gender equality and women's empowerment in Romania is ensured by:
  - The 2002 Law on equal opportunities for women and men<sup>254</sup>
  - The 2002 Law on the prevention and sanction of all forms of discrimination
  - The 1999 Law on parental leave<sup>255</sup>
- However, this policy framework does not address SRHR specifically.





Results by Country

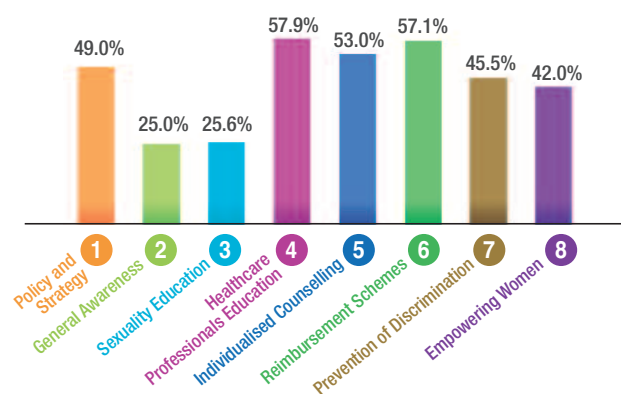
# Spain



## Overview

- As in the 2013 Barometer edition, generally, Spain continues to score average to low in all policy areas compared to other countries covered.
- However, thanks to the adoption of a Strategic Plan for Equal Opportunities in 2014, which includes provisions on fertility control, Spain increased its scoring with regards to women empowerment (from 22% to 42%).
- Ongoing austerity measures and the current government approach to sexual and reproductive health and rights (SRHR) are still perceived as major obstacles for progress in the area of SRHR and women's access to modern contraceptive choice and the prevention of unintended pregnancies.
- The national policy framework on SRHR remained only partially developed at the time of this survey. Its implementation is not among the priorities of the current Ministry of Health.
- Young women's access to modern contraceptive choice varies significantly across the regions and is further challenged by the introduction of a reduced reimbursement scheme in 2013.

## Country Results by Policy Benchmark



## 1 Policy Making And Strategy

- There is a national policy framework on SRHR:
  - 2010 law on Sexual and reproductive health and pregnancy voluntary termination<sup>256</sup> which focuses on guaranteeing access to safe and efficient contraceptive methods for fertility control.
  - 2011 policy strategy on SRHR<sup>257</sup>, developed with the involvement of stakeholders from both national and regional levels to support the implementation of the 2010 law. The strategy aims to offer high quality SRHR care with a specific focus on access to family planning and modern contraception as well as training of healthcare professionals.
- The SRHR policy framework only includes a general reference to the range of modern contraceptives, without specifying any methods.
- However, the SRHR strategy is not a priority for the current government and its implementation has been put on hold.
- A conservative proposal to change the national law on abortion triggered an intense debate since December 2013. The proposal was withdrawn in September 2014, when Prime Minister Mariano Rajoy announced that the government would work on a new plan for family protection.
- There are significant differences across the 17 autonomous regions (Comunidades Autónomas) with regards to how policies are developed, implemented and monitored, as well as stakeholder involvement. In some regions, such as Catalunya, Comunidad Valenciana and Extremadura, there are specialised SRHR centres or family centres; whereas in others, such as Murcia, Castilla La Mancha, Castilla León and Madrid, these centres do not exist or are disappearing. In Andalucía, family planning and SRHR issues are generally dealt with by general practitioners.

***“Budget cuts are not the only challenge to SRHR in Spain at the moment. The current conservative government is also unlikely to drive reforms towards improved access to modern contraceptive choice, prevention of unintended pregnancies and gender equality. This is leading to a further decrease in reimbursement, healthcare services, quality of counselling, and health professional staffing.”***

**Justa Montero**, Responsible for the training and research area at the Spanish Family Planning Association (FPFE)

## 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- There are no current information campaigns on SRHR, but in the past five years certain regions have implemented SRHR awareness campaigns focusing on, amongst others, emergency contraception, male and female condoms, promotion of multiple contraceptive methods to effectively prevent unintended pregnancies, prevention of sexually transmitted infections (STIs).
- Some scientific and family planning associations are occasionally consulted in the shaping of SRHR awareness campaigns.
- Most SRHR campaigns received some public funding. However, support is considered insufficient to ensure proper implementation across the country.
- No SRHR campaigns targeted fertility control to promote equal opportunities for women.
- The evaluation of the campaigns' impact is not carried out regularly or comprehensively.

### ➤ 3 Education on Sexual and Reproductive Health and Modern Contraceptive Choice For Young People and Young Adults

- Sexuality education is suggested by the government in the 2010 law on SRHR, but not compulsory. There is no reference to sexuality education in the legislation outlining the school curricula.
- There is no specific budget allocated to sexuality education. In some cases, municipalities may provide specific budgets for their schools.
- The age when sexuality education should start is not stipulated.
- There is no information or guidelines on the content of sexuality education for teachers. This leads to great differences in the scope of information that is provided.
- In practice, sexuality education is provided due to the initiative of individual teachers, during time allocated to horizontal issues.
- Sexuality education rarely includes information about local sexual and reproductive health services.
- At present, the training offered to teachers on SRHR education is minimal as it is not mandatory. No useful education materials are issued or funded by the government.
- Teachers training initiatives usually stem from private entities like NGOs and are not paid for by the government.

### ➤ 4 Education and Training of Healthcare Professionals and Service Providers

- Spanish national healthcare professionals organisations have developed certain nation-wide guidelines on family planning and contraceptives targeted at healthcare professionals. These lack formal endorsement by the Ministry of Health<sup>258</sup> however. Examples include:
  - 2006 'Consensus document on contraception', by the Spanish Society of Gynaecology and Obstetrics (Sociedad Española de Ginecología y Obstetricia - SEGO), which only refers to a limited number of contraceptives<sup>259</sup>.
  - Consensus conferences on intra-uterine devices (IUDs) (2001) and hormonal contraception (2011), by the Spanish Society of Contraception (Sociedad Española de Contracepción - SEC)<sup>260</sup>.
- Recommendations on the use of IUDs in adolescents and young women and also on the use of hormonal contraceptive methods in women above 40 years old, by the Spanish Foundation of Contraception (Fundación Española de Contracepción - FEC)<sup>261</sup>.
- Most recommendations are developed at regional level.
- According to the Spanish Family Planning Association (Federación de Planificación Familiar Estatal – FPFE, IPPF Member Association)<sup>262</sup>, this combination of regional and nation-wide recommendations leads to a scattered and inconsistent approach as implementation is not consistent across the regions.
- Family planning, fertility control and modern contraceptive choice are only included in the medical curriculum for students specialising in gynaecology and in the training of midwives.
- Healthcare professionals organisations, in collaboration with universities, pharmaceutical companies or family planning NGOs, offer informal education and training programmes to healthcare professionals on contraception and SRHR.

### ➤ 5 Provision of Individualised Counselling and Quality Services

- The implementation of individualised counselling varies between regions and even among cities. It is up to healthcare professionals to decide whether to provide individualised counselling.
- Individualised counselling is generally limited by the lack of awareness, among healthcare professionals, of the full range of contraceptive methods.

- The accessibility to counselling services is negatively impacted because of budget cuts, as well as reduced numbers of centres, opening hours and staff.
- Midwives and nurses receive training on individualised counselling during their school curriculum, general practitioners and gynaecologists generally do not.

### ➤ 6 Existence of Reimbursement Schemes

- Generally, all contraceptive methods are available, with a medical prescription.
- The level of accessibility, however, depends on the contraceptive method.
- Spain has a partial reimbursement scheme; in general 40% is covered by the user and 60% by health insurance.
- Intra-uterine devices (IUDs) have never been reimbursed in any region. In some regions, however, implants are given for free.
- Financial barriers prevent access to contraception as there are no tailored reimbursement schemes for young people.
- Since 2013, some last generation modern hormonal contraceptives have been withdrawn from the national reimbursement scheme, adding a financial burden on close to one million women according to FPFE.
- Condoms are often provided for free in most regions, depending on the budget available. In most cases this is done in the context of youth and HIV/AIDS prevention programmes.
- There are no monitoring systems foreseen to review the reimbursement schemes.

***“The decision to remove some modern hormonal contraceptives from public funding does not have any scientific basis. It creates an unnecessary additional barrier for women to access contraceptive choice.”***

***Luis Enrique Sánchez Acero, President of the Spanish Family Planning Association (FPFE)***

### ➤ 7 Prevention of Discrimination

- The 2011 policy strategy on SRHR aimed to provide for policy measures to guarantee SRHR for vulnerable groups, including youth and elderly people, people with disabilities, the gay community, HIV positive people, immigrants, women victims of sexual violence but it lacked implementation.
- Budget cuts were detrimental to care and counselling, impacting vulnerable groups first.
- Experts believe that the government does not provide healthcare professionals and service providers with the necessary support and supervision to ensure professional, respectful behaviour towards young people and young adults with regards to SRHR.
- Recently, health coverage has been limited amongst the immigrant and unemployed population, which is considered to have a negative impact on SRHR and access to family planning services amongst these groups.
- Scientific societies, healthcare professionals organisations and NGOs have developed informal, limited guidelines focusing on vulnerable groups.

### ➤ 8 Empowering Women Through Access to Modern Contraceptive Choice

- The Spanish government adopted a Strategic Plan for Equal Opportunities (2014-2016)<sup>263</sup> which was developed by the national Women's Institute (Instituto de la Mujer)<sup>264</sup>.
- It incorporates a reference to fertility control and access to modern contraceptive choice.
- A proposal for a law on gender equality<sup>265</sup> was tabled in 2007 but has been put on hold. According to FPFE, this has generated a significant negative impact on the implementation of equality programmes at regional level.



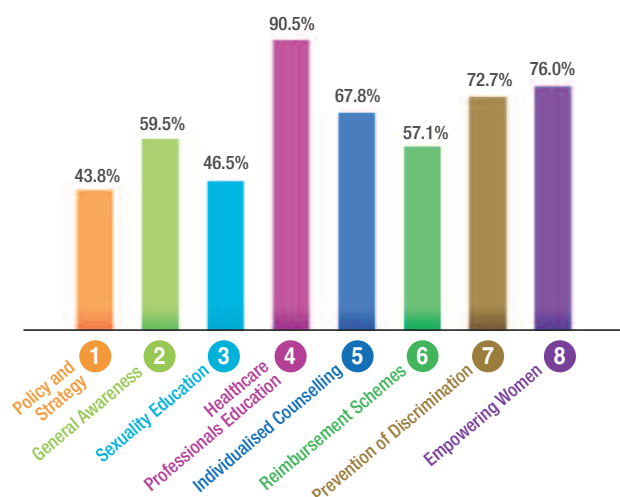
Results by Country

# Sweden

## Overview

- Sweden continues to score very highly in almost all policy areas, despite the continued absence of a comprehensive sexual and reproductive health and rights (SRHR) policy framework.
- A long-awaited proposal for a national SRHR strategy was put forward by the Swedish government in September 2014, but no strategy will be in place in the immediate future.
- The recent establishment of the Health and Social Care Inspectorate, in charge of monitoring and evaluating the quality of care in healthcare settings including SRHR services, led to a slight increase in Sweden's score in policy and strategy, from 41.7% to 43.8%.
- In 2014, the Medical Products Agency published updated recommendations on contraception that now include information on contraceptive choice for vulnerable people. As a result, Sweden's score in the area of healthcare professionals' training increased from 85.3% to 90.5%.
- Regional disparities remain a key challenge impacting reimbursement schemes, implementation of policies and guidelines, sexuality education and general awareness of SRHR.

### Country Results by Policy Benchmark



### ➤ 1 Policy Making And Strategy

- SRHR has been one of the 11 public health objectives of the Swedish Public Health Policy since 2003<sup>266</sup>.
- Stakeholders are systematically involved in the development and implementation of SRHR policies. Significant regional differences exist, however, with regards to their responsibilities.
- A proposal for a national SRHR strategy was published in September 2014 and calls for improved national coordination to strengthen public awareness of SRHR. The prevention of unintended pregnancies is identified as a key priority.
- Civil society and a number of Swedish agencies including the Swedish Board of Health and Welfare (Socialstyrelsen)<sup>267</sup>, the Public Health Agency of Sweden (Folkhälsomyndigheten)<sup>268</sup> and the new Health and Social Care Inspectorate (Inspektionen för vård och omsorg - IVO)<sup>269</sup> were involved in the development process.
- According to the draft strategy, implementation will depend on the regions and on the available budget. At the time of the survey, however, next steps for adoption and implementation were unclear.
- Whereas there was no monitoring system in place in previous years, the new Health and Social Care Inspectorate is now in charge of monitoring and assessing the quality of care in healthcare settings, including in youth clinics and contraceptive clinics.

***“A future national SRHR strategy has the potential to be a powerful tool. However, the lengthy development and subsequent adoption process of the proposal means that there will be no immediate impact; this is disappointing for all stakeholders active in the field of SRHR in Sweden and the entire Swedish population.”***

**Lena Marions**, Medical Doctor, Senior Lecturer and Associate Professor in Obstetrics and Gynaecology for the Karolinska Institutet Stockholm

### ➤ 2 General Awareness of Sexual and Reproductive Health and Rights (SRHR) and Modern Contraceptive Choice

- Government led information campaigns on SRHR mainly focus on prevention of STIs. Klamydiamåndag/vecka (Chlamydia Monday/week)<sup>270</sup> is an example of an annual national awareness raising campaign during which young people and young adults are encouraged to perform tests and discuss the prevention of STIs and unintended pregnancies with experts.
- Condoms are the only contraceptive method mentioned.
- Although the government develops the information campaigns in consultation with relevant stakeholders, the involvement of healthcare professionals could be improved, especially with regards to the prevention of unintended pregnancies.
- There are no information campaigns on SRHR and equal opportunities and no specific campaigns target vulnerable people.
- The Public Health Agency of Sweden monitors attitudes and awareness amongst the general public and evaluates the results of these campaigns. The results are taken into account by the government.

### ➤ 3 Education on Sexual and Reproductive Health and Modern Contraceptive Choice For Young People and Young Adults

- Sexuality education at school has been compulsory since 1955<sup>271</sup> and is provided to all pupils since first grade (7 years old) and emphasised for pupils aged 10 and older.
- The National Agency for Education (Skolverket)<sup>272</sup> provides a framework for sexuality education<sup>273</sup>. The framework includes issues such as STIs, unintended pregnancies, contraception, puberty, sexuality, gender and gender equality, relationships, sexual orientation, identity and responsible behaviour.
- The framework lacks detail, however, and the schools and teachers decide individually on the timing and content. Courses therefore differ greatly across the country and the range and use of contraceptives is not always properly addressed.



- Since 2011, training courses on sexuality education for teachers of pupils aged 10-12 are compulsory and recommended for teachers of pupils aged 13-19.
- No monitoring and evaluation systems are in place.

***“All pupils in Sweden receive sexuality education at school including information on puberty and contraception. The quality of sexuality education can differ substantially from one school to another.”***

**Hans Olsson**, Advisor, Sexuality Education Manager for the Swedish Association for Sexuality Education (RFSU)

#### 4 Education and Training of Healthcare Professionals and Service Providers

- In 2014, the Medical Product Agency (Läkemedelsverket)<sup>274</sup> published updated recommendations on contraception<sup>275</sup>, including all contraceptive methods, a focus on personalised counselling and minimum standards.
- Similarly to previous editions, the recommendations were developed in collaboration with physicians and midwives, based on the World Health Organization (WHO)'s guideline 'Selected practice and Medical Eligibility Criteria'<sup>276</sup>.
- Regional differences exist in the implementation of the recommendations as some regions have their own guidelines.
- A group of gynaecologists and midwives have also developed a contraceptive guide aimed to equip providers with an easy-to-use document providing adequate information on all contraceptive methods, including benefits, risks, barriers etc.
- Educational programmes and postgraduate training on fertility control and modern contraceptive choice are part of the medical curriculum and regularly updated.
- Non-recognised educational programmes are also organised by healthcare professionals organisations, for instance the Swedish Society of Obstetrics and Gynaecology (Svensk Förening För Obstetrik & Gynäkologi – SFOG)<sup>277</sup> and the Swedish Association for Sexuality Education (Riksförbundet för Sexuell Upplysning – RFSU, IPPF Member Association)<sup>278</sup>.

***“The updated 2014 national recommendations on contraception recognise women as individuals with different needs. They may help to dispel certain myths with regards to some modern contraceptive methods, such as IUD/IUC and combined hormonal contraception.”***

**Lena Marions**, Medical Doctor, Senior Lecturer and Associate Professor in Obstetrics and Gynaecology for the Karolinska Institutet Stockholm

#### 5 Provision of Individualised Counselling and Quality Services

- The 1982 Health and Welfare Act<sup>279</sup> states that all medical consultations should be conducted with respect of the individuals and individualised counselling is specifically addressed by the 2014 updated recommendations on contraception.
- The provision of individualised counselling on SRHR and family planning is a high healthcare priority and includes a special focus on information on contraceptive choice to prevent unintended pregnancies.
- The updated recommendations on contraception promote individualised counselling taking women's individual situation, needs and expectations into consideration.
- Individualised counselling is a part of medical curricula and postgraduate training.
- Disparities are noted in the level of implementation of the recommendations across the regions, for example with regards to information on risks, benefits and myths.

- Free contraceptive counselling is provided by public youth clinics and family planning clinics. Regional differences exist in the accessibility of the clinics.
- The Swedish government created a national web-based youth clinic UMO<sup>280</sup> for counselling services.
- There are no minimum quality standards and no monitoring and evaluation systems in place.

#### 6 Existence of Reimbursement Schemes

- Large regional disparities in reimbursement schemes remain, ranging from no reimbursement to partial or full reimbursement for different contraceptive methods.
- In the past two years, counties attempted to create a common national reimbursement system to harmonise the price of contraceptives and the maximum cost of contraceptives per year across the country. The only measure agreed however was increasing the upper age limit for partial reimbursement to 25 in all Swedish counties<sup>281</sup>.
- In general there is a lack of or reduced reimbursement for newer contraceptives, due to their higher cost.
- There are no monitoring and evaluation systems in place, or expected, to revise the reimbursement schemes.

***“Even with the increased upper limit for reimbursement, the current system is still considered unfair. Certain counties resist taking on more coverage of contraceptive methods, and some have even decreased it further. Stakeholders call on national policymakers to improve reimbursement schemes for contraceptive methods across the country, in order to ensure access to the broad range of modern contraceptive methods as a crucial means to support women, to prevent unintended pregnancies.”***

**Ingrid Frisk**, Midwife, Programme Officer for the Swedish Association for Sexuality Education (RFSU)

#### 7 Prevention of Discrimination

- Access to public SRHR services for vulnerable groups is addressed in the strategies for youth clinics.
- The prevention of discrimination, when delivering counselling services, is considered standard practice. However, there are no national guidelines on how to reach out to and deliver quality SRHR services to vulnerable groups.
- Given the regional differences in reimbursement schemes, financial barriers exist in certain regions.

#### 8 Empowering Women Through Access to Modern Contraceptive Choice

- Measures to support gender equality and work life balance are provided under the Discrimination Act<sup>282</sup>. This includes support for family planning (e.g. free contraceptive counselling), as well as initiatives to encourage men to share the time and responsibility for childcare.
- There are local and regional guidelines by health authorities, the RFSU and national guidelines by the MPA that address the need to ensure information on and access to the full range of modern contraceptives and their usage.
- The government is responsible for monitoring and evaluating existing policies and their impact on women's wellbeing and personal development<sup>283</sup>. However, the identification and evaluation indicators are not detailed enough and the results are therefore not used to further analyse population trends or to support specific needs.



## Annex

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## Glossary

### Campaign:

This is referring to public awareness raising campaigns funded (led or supported) by government authorities on sexual and reproductive health and rights (SRHR), e.g. billboard, social media, television or newspaper campaigns. For the purpose of this Barometer, we focus on awareness raising campaigns on SRHR issues linked to fertility control, access to modern contraceptives and family planning to ensure better informed choices for young people and young adults.

Note that when referring to sexuality education at school we are referring to education programmes, not campaigns.

### Country abbreviations:

In the Barometer, the following abbreviations have been used to refer to the countries examined:

- BG: Bulgaria
- CY: Cyprus
- CZ: Czech Republic
- DE: Germany
- DK: Denmark
- ES: Spain

- FI: Finland
- FR: France
- IE: Ireland
- IT: Italy
- LT: Lithuania
- LV: Latvia
- NL: The Netherlands
- PL: Poland
- RO: Romania
- SE: Sweden

### Government authorities:

For the purpose of the Barometer project, this refers to any public authority at national, regional or local level involved in the development and implementation of policies and initiatives with an impact on the issue of access to modern contraceptives and the policies addressed in the Policy Benchmarks.

### Guideline:

Document providing support and advice to health professionals and service providers (see “service provider”) on how to conduct counselling and sexual health education.

### Individualised counselling:

Professional advice to individual young people and young adults, conducted by trained service providers and healthcare professionals, to help women/couples make informed and voluntary decisions about their fertility. “Counselling is a key element in quality of care and is also an important part of both initiation and follow-up visits and should respond to clients needs.”<sup>284</sup> Individualised counselling refers to advice that takes into account the individual circumstances, needs and wishes from women/couples (as opposed to general advice or ‘one-fits-all’ recipes).

### Modern contraceptives:

The term “Modern contraceptives” refers to all non-emergency, reversible contraceptive methods, which enable young people and young adults to prevent unintended pregnancies. Modern contraceptive methods include the following:

- Male condoms
- Female condoms, diaphragms
- Oral contraceptives
- Vaginal contraceptive ring, contraceptive patch, depot injection
- Long-acting reversible contraception (LARC), e.g. intra-uterine system (IUS), intra-uterine device (IUD) and sub dermal implants (SDI)

### Modern contraceptive choice:

Young people and young adults should have information on and access to the full range of modern contraceptive methods (see “Modern contraceptives”) in order to give them the opportunity to make free decisions on their sexual life, fertility control and management of their health.

### Monitoring and evaluation systems:

Policy mechanisms implemented by public authorities, which aim to keep track of and analyse the level of implementation and impact of policies, campaigns and government initiatives. They can be carried out with varying levels of involvement from stakeholders, e.g. consultations. The value of monitoring and evaluation systems is in providing relevant input to inform any future policy changes or new initiatives, thus contributing to effective, smart, evidence-based policies.

### Policy:

A policy is a principle or rule to guide decisions and achieve objectives. Generally speaking, policies can be guidelines, rules, regulations, laws, principles, statements of commitments and political directions adopted or expressed by policymakers (see “policymaker”). Policies should establish a clear objective to be achieved, actions foreseen, who will be impacted and who is responsible for the foreseen actions, as well as the foreseen timeline. In the context of young women’s access to modern contraceptive choice, relevant policies with a direct impact on the issue include education, gender equality and equal opportunities, health and employment policies, amongst others.

### Policymaker:

A “Policymaker” is a person with power to influence or determine policies and practices at an international, national, regional, or local level and include politicians or government officials.

### Policy development:

Generally speaking, the process to develop policies includes the following stages:

- Identification and analysis of the issues and objectives
- Analysis of policy options
- Development of the chosen policy instrument
- Consultation (which permeates the entire process)
- Coordination
- Decision (policy adoption)
- Implementation
- Evaluation

### Policy effectiveness:

“Policy effectiveness” refers to the degree to which policies meet their intended impact and objectives.

### Policy implementation:

“Policy implementation” refers to the stage during which policies are actually applied and have a real impact on society. Implementation involves translating the goals and objectives of a policy into an operating, on-going programme. Policy implementation is what happens after a bill becomes law.

### Recommendation:

Recommendations refer to non-binding principles or advice. They can be issued by international organisations, government or public authorities, healthcare professional organisations, etc., e.g. the WHO recommendation on contraceptive use<sup>285</sup>. They do not have legal force but they do have weight and are valuable tools to influence behaviours. Sometimes recommendations can precede future legislation. At EU level, a Council Recommendation is a non-binding act by the EU Council of Ministers that sets out the priorities for future legislation and for actions at national level. It gives EU member states the responsibility to act, provides the basis for sharing best practices among EU member states, and highlights the areas that require more concerted action at EU level.

### Service provider:

Public/private organisation or individual (non healthcare professionals) providing sexual and reproductive health and rights (SRHR) services, ranging from information and counselling to care services, which can be provided in a variety of settings, e.g. clinic, emergency hotlines, schools, universities, work sites.

### Sexual and Reproductive Health and Rights (SRHR):

In general, sexual and reproductive health includes healthy sexual development, equitable and responsible relationships and sexual fulfilment, freedom from disease/infections (HPV, HIV/AIDS etc.), disability, violence and other harmful practices related to sexuality. Sexual rights entail free and responsible decisions on all aspects of one’s sexuality, include protecting and promoting one’s sexual health, freedom from discrimination, coercion or violence both during the sexual life and decisions, expectation and demand for equality, full consent, mutual respect and shared responsibility in sexual relationships.

In the context of this Barometer, we focus SRHR on fertility control, access to modern contraceptives and family planning. SRHR includes the right to control your own fertility, to access quality reproductive healthcare, and to receive education in order to take informed reproductive decisions.

### Sexuality education:

For the purpose of the Barometer project, sexuality education refers to rights-based and gender-equitable education about sexuality, gender, sexual and reproductive health and rights and sexual behaviour.

### Stakeholder:

The term stakeholder refers to all actors involved in the area of SRHR, ranging from key decision makers and interest group representatives, including health politicians, government officials, women’s rights groups, health professional organisations and medical associations (gynaecologists, nurses, midwives, etc.), churches and religious groups and any other actors with an impact or influence on women/couple’s access to modern contraceptive choices.

### Vulnerable people:

People at risk of discrimination, embarrassment or stigma, social and/or economic exclusion, such as young people and young adults, women, immigrants, migrants, etc.<sup>286</sup>

### Women’s empowerment:

“Women’s empowerment” in the area of contraception refers to “the ability of women to control their own fertility”. “When a woman can plan when to start a family, she can plan the rest of her life. When she is healthy, she can be more productive. And when her reproductive rights are promoted and protected, she has freedom to participate more fully and equally in society. Reproductive rights are essential to women’s advancement.”<sup>287</sup>

### Young people and young adults:

People aged up to 30 years old.



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