REPORT

on sexual and reproductive health and rights
(2001/2128 (INI))

Committee on Women's Rights and Equal Opportunities

Rapporteur: Anne E.M. Van Lancker
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PROCEDURAL PAGE

At the sitting of 6 September 2001 the President of Parliament announced that the Committee on Women's Rights and Equal Opportunities had been authorised to draw up an own-initiative report, pursuant to Rule 163 of the Rules of Procedure, on sexual and reproductive health and rights (2001/2128 (INI)).

The Committee on Women's Rights and Equal Opportunities had appointed Anne E.M. Van Lancker rapporteur at its meeting of 12 July 2001.

The committee considered the draft report at its meetings of 17 April and 4 June 2002.

At the last meeting it adopted the motion for a resolution by 19 votes in favour to 11 votes against, with 2 abstentions.

The following were present for the vote: Anna Karamanou, chairperson; Marianne Eriksson and Olga Zrihen Zaari, vice-chairpersons; Anne E.M. Van Lancker, rapporteur, for Christa Prets; Maria Antonia Avilés Perea, Regina Bastos, Geneviève Fraisse, Fiorella Ghilardotti, Lissy Gröner, Christa Klaß, Rodi Kratsa-Tsaralopoulou, Maria Martens, Emilia Franziska Müller, Amalia Sartori, Miet Smet, Patsy Sörensen, Joke Swiebel, Helena Torres Marques, Feleknas Uca, Elena Valenciano Martínez-Orozco, Louisewies van der Laan, Sabine Zissener, Winfried Menrad for Robert Goodwill, Maria Berger for Elena Ornella Paciotti, María Izquierdo Rojo for Hans Karlsson, Eryl Margaret McNally for Mary Honeyball, Rosa Miguélez Ramos (for María Rodríguez Ramos, pursuant to Rule 153(2)), Anne-Karin Glase (for Astrid Lulling, pursuant to Rule 153 (2)), Dieter-Lebrecht Koch (for James L.C. Provan, pursuant to Rule 153 (2)), Jürgen Zimmerling (for Marielle de Sarnez), Cecilia Malmström (for Lone Dybkjaer, pursuant to Rule 153 (2)) and Anne Elisabet Jensen (for Marieke Sanders-Holte, pursuant to Rule 153 (2)).

The report was tabled on 6 June 2002.

The deadline for tabling amendments will be indicated in the draft agenda for the relevant part-session.
MOTION FOR A RESOLUTION

European Parliament resolution on sexual and reproductive health and rights (2001/2128 (INI))

The European Parliament,

− having regard to the Universal Declaration of Human Rights, adopted in 1948,

− having regard to the United Nations International Covenant on Civil and Political Rights, adopted in 1966,

− having regard to article 12 of the United Nations International Covenant on Economic, Social and Cultural Rights, adopted in 1966,

− having regard to articles 5 and 152 of the EC Treaty,

− having regard to the Charter of Fundamental Rights of the European Union,

− having regard to articles 12(1) and 16(1) e of the Convention on the elimination of All Forms of Discrimination Against Women as well as to General Recommendations 21 and 24 of the Committee on the Elimination of Discrimination Against Women,

− having regard to article 24 of the Convention on the Rights of the Child, adopted in 1989,

− having regard to the Declaration and Action Programme of the United Nations Conference on Population and Development (Cairo, 13 September 1994), and to the Key Actions Document of the ICPD +5 Conference (1999),

− having regard to the Declaration and Action Programme of the Fourth World Conference on Women (Beijing, 15 September 1995), and to the Outcome Document of the FWCW +5 Conference (New York, 10 June 2000),

− having regard to its resolution of 29 September 1994 on the outcome of the Cairo International Conference on Population and Development, and to its resolution of 4 July 1996 on the implementation of the Action Programme of the Population Conference in Cairo,

− having regard to its resolution of 15 June 1995 on the participation by the European Union in the United Nations Fourth World Conference on Women in Beijing: "Equality, Development and Peace", to its resolution of 21 September 1995 on the Fourth World Conference on Women in Beijing, and to its resolution of 18 May 2000 on the follow-up

3 OJ C 166, 3.7.1995, p. 92
4 OJ C 269, 16.10.1995, p. 146
5 OJ C 59, 23.2.2001, p. 258

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to the Beijing Platform for Action,

− having regard to its resolution of 9 March 1999 on the state of women’s health in the European Community,

− having regard to the White Paper of the European Commission "A new impetus for European youth" of 21 November 2001,

− having regard to the document of the World Health Organization "Definitions and Indicators in Family Planning, Maternal & Child Health and Reproductive Health Used in the WHO Regional Office for Europe", March 1999,

− having regard to the STOA final report "Fertility awareness and contraception" (Workplan 1995),

− having regard to Rule 163 of its Rules of Procedure,

− having regard to the report of the Committee on Women’s Rights and Equal Opportunities (A5-0223/2002),

A. Considering that women and men should have the freedom to make their own informed and responsible choice in regard to their sexual and reproductive health and rights, while not losing sight of the importance of the health of others, and have all the means and possibilities to do so,

B. Considering that the EU competence in this field consist in providing guidelines and useful initiatives to encourage cooperation,

C. Considering that government policies that disregard men's and women's informed consent on contraceptive use in order to meet demographic goals may give rise to coercive practices,

D. Considering the disparities in sexual and reproductive health and rights within the EU and within the Member States, in particular the huge inequalities experienced by European women in terms of access to reproductive health services, contraception and abortion, according to their income and/or their country of residence,

E. Considering that studies show that there are fewer abortions in some Member States which combine liberal legislation on the termination of pregnancy with effective sexuality education, high quality family planning services and availability of a wide range of contraceptives; however, some Member States with similar policies still have high rates of both abortion and teenage pregnancies,

1 OJ C 175, 21.6.1999, p. 68
2 (COM(2001)681)
F. whereas attention should be devoted not only to terminating unwanted pregnancies but also, and particularly, to preventing unwanted pregnancies,

G. whereas not only women but men too bear responsibility for preventing unwanted pregnancies,

H. whereas in preventing unwanted pregnancies good information is extremely important regarding sexuality, responsibility towards others in relationships, health, the various ways of preventing pregnancy, etc, and parents and educational establishments can play an important part in this,

I. Considering that a good access to all forms of contraception would reduce unwanted pregnancies and sexually transmitted diseases,

J. Considering that unsafe abortions seriously endanger women's physical and mental health,

K. Considering the higher abortion rates and lower contraceptive use in the Accession Countries in comparison with the Member States, and the lack of information for women in terms of systematic and adequate sexuality education in the Accession Countries,

L. whereas health systems in many applicant countries possess inadequate medical and hygiene facilities and are insufficiently geared to the needs of the population,

M. Considering the increased rate of adolescent pregnancies and the lack of high quality sexuality education and specific sexual and reproductive health counselling and services for adolescents in some Member States,

N. Considering the alarming spread of sexually transmitted diseases, the risks of unsafe sexual contact and the remaining of stereotypes which erroneously associate the risk of HIV/AIDS infection with certain means of transmission despite the information provided on preventive measures and means of transmission in the EU, and the importance of promoting a high level of sexual health as a means of preventing sexually transmitted diseases,

O. whereas sexual violence has a devastating impact on the sexuality and the reproductive health of women and teenage girls, and whereas female genital mutilation has a damaging effect on sexual relations, pregnancies and childbirth,

P. Considering the incompleteness of ready available statistics on sexual and reproductive health indicators on a European level at present,

Q. whereas too many women, including growing numbers of young girls, are still becoming pregnant unintentionally,
R. whereas the subject of sexual and reproductive health and rights cannot be approached solely from the point of view of access to contraceptives and abortion,

S. whereas contraceptives are mainly used by women,

T. Considering the difficulties in comparing sexual and reproductive health policies, both within the EU and between the EU and the Accession Countries,

As regards contraception

1. Notes that the legal or regulatory policy concerning reproductive health falls within the Member States' sphere of competence, but that the EU can play a supportive role through the exchange of best practices;

2. Recommends the governments of the Member States and the Accession Countries to develop a high quality national policy on sexual and reproductive health, in cooperation with plural civil society organizations, providing comprehensive information concerning effective and responsible methods of family planning, ensuring equal access to a range of high quality contraceptive methods as well as fertility awareness methods;

3. Recommends the governments of the Member States and the Accession Countries to ensure that women and men can give their fully informed consent on contraceptive use, as well as on fertility awareness methods;

4. Urges the governments of the Member States and the Accession Countries to strive to provide contraceptives and sexual and reproductive health services free of charge, or at low cost, for underserved groups, such as young people, ethnic minorities and the socially excluded;

5. Urges the Member States to ensure that people living in poverty have better access to reproductive and sexual health services and, in particular, to offer them the choice of contraception and the prevention/diagnosis of sexually transmittable diseases;

6. Requests the governments of the Member States and the Accession Countries to promote emergency contraception, for example over-the-counter and at affordable prices, as standard practice within sexual and reproductive health care;

7. Urges the governments of the Member States and the Accession Countries to promote scientific research in the field of male contraception, so as to ensure equality between men and women as regards the effects of using contraceptive methods;
As regards unwanted pregnancies and abortion

8. Underlines that abortion should not be promoted as a family planning method;

9. Recommends the governments of the Member States and the Accession Countries to strive to implement a health and social policy which will lead to a lower incidence of abortion, in particular through the provision of family planning counseling and services, the offering of material and financial support for pregnant women in difficulties, and to regard unsafe abortion as an issue of major public health concern;

10. Recommends that the governments of the Member States and the Accession Countries ensure the provision of unbiased, scientific and clearly understandable information and counselling on sexual and reproductive health, including the prevention of unwanted pregnancies and the risks involved in unsafe abortions carried out under unsuitable conditions;

11. Calls upon the governments of the Member States and the Accession Countries to provide specialized sexual and reproductive health services which include high quality and professional advice and counselling adapted to the needs of specific groups (e.g. immigrants), provided by a trained, multidisciplinary staff; underlines that advice and counselling must be confidential and non-judgmental and that in case of legitimate conscientious objection of the provider, referral to other service providers must take place; where advice on abortion is provided, attention must be drawn to the physical and psychological health risks associated with abortion, and alternative solutions (adoption, availability of support in the event of a decision to keep the child) must be discussed;

12. Recommends that, in order to safeguard women's reproductive health and rights, abortion should be made legal, safe and accessible to all;

13. Calls upon the governments of the Member States and the Accession Countries to refrain in any case from prosecuting women who have undergone illegal abortions;

As regards adolescent sexual and reproductive health / sexuality education

14. Underlines that adolescent sexual and reproductive health and their needs with regard to sexuality and reproduction differ from those of adults;

15. Reminds that active participation of young people (their rights, views and competence) is important in the development, implementation and evaluation of sexuality education programmes in cooperation with other parties, particularly parents; enhancing parenting skills and capacities also has an important part to play in this;

16. Reminds that sexuality education should be provided in a gender-sensitive way, i.e. that account must be taken of the particular sensitivities of boys and girls, starting early in life, continuing to adulthood, with a focused approach at different stages of life development, and taking into account different lifestyles, whereby due attention should be paid to sexually transmitted diseases (i.e. HIV/AIDS);
17. Stresses that sexuality education must be considered in a holistic and positive way paying attention to psycho-social as well as bio-medical aspects and based on mutual respect and responsibility;

18. Calls upon the governments of the Member States and the Accession Countries to make use of various methods in reaching young people: through formal and informal education, publicity campaigns, social marketing for condom use and projects such as confidential telephone help-lines and to consider the needs of special groups, encourages the use of peer educators in sexuality education;

19. Calls upon the governments of the Member States and the Accession Countries to improve and extend young people's access to health services (family planning youth centres, in schools, etc.) and to tailor those services to their preferences and requirements;

20. Calls upon the governments of the Member States and the Accession Countries to provide support for pregnant adolescents (whether they wish to terminate their pregnancy or to carry it to full term), and to ensure their further education;

21. Calls on the Member States’ governments to maintain and increase the level of information made available to the general public (especially to the most peripheral sections of society which have greatest difficulty in securing access to information) on HIV/AIDS infection, the ways in which the disease is transmitted and the sexual practices which facilitate transmission;

As regards EU sexual and reproductive health policy in general

22. Welcomes the research currently supported by the European Commission on relevant sexual and reproductive health indicators and harmonized definitions and urges the Commission to ensure the continuity of these initiatives under the new Community Health Action Programme;

23. Calls upon the governments of the Member States and the Accession Countries to provide relevant data and information on policies to the Commission in order to compile a Europe-wide database on sexual and reproductive health statistics and to compose a vademecum on best practices and positive experiences in the field of sexual and reproductive health;

24. Calls upon the governments of the Member States and the Accession Countries to provide access to sexual and reproductive health services without any discrimination based on the grounds of sexual orientation, gender identity or marital status;

25. Recommends that a process of mutual learning should be started, based on comparisons of sexual and reproductive health data and on sharing positive experiences and best practices in Member States "and Accession Countries" sexual and reproductive health programmes and policies;

26. Calls upon the Commission to take up the opinions of young people on sexual and reproductive health and rights as an important theme in the follow-up of the White Paper on a new impetus for European youth;
27. Urges the Council and the Commission in their pre-accession strategy to provide more technical and financial support to the Accession Countries in order to develop and implement health promotion programmes and quality standards in sexual and reproductive health services, and to ensure that existing EU aid to Eastern Europe and Central Asia include these types of programmes;

28. Calls upon the Commission to take into account the devastating impact of the Mexico City Policy of the Bush Administration, which denies funding to non-governmental organisations which occasionally refer women to abortion clinics as a last resort, especially with regard to programmes for Central and Eastern Europe; calls upon the Commission to fill in the budgetary gap provoked by the Mexico City Policy;

29. Calls upon the Commission to ensure that permanent monitoring and evaluation of the ICPD and FWCW programmes of action are taking place, and to send regularly summary reports to the European Parliament;

30. Welcomes the target set in the Outcome Document of FWCW +5, of achieving universal access to high quality primary health care by 2015, including sexual and reproductive health care; asks the Council, in the framework of the follow-up procedure, within the limits of its competence, to develop indicators and benchmarks on the critical areas of concern, and to send regularly summary reports to the European Parliament;

31. Instructs its President to forward this resolution to the Council, Commission, and to the Governments of the Member States and the Accession Countries.
I. Basic concepts

A. Sexual and reproductive health

According to the WHO, "reproductive health addresses the reproductive processes, functions and system at all stages of life". It implies "...that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant".

Sexual health is defined as: "the integration of the somatic, emotional, intellectual, and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love". It implies "a positive approach to human sexuality, and the purposes of sexual health care should be the enhancement of life and personal relationships and not merely the counselling and care related to procreation or sexually transmitted diseases".

B. Sexual and reproductive rights

Article 96 of the Beijing Platform for Action says the following: "The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences".

International organisations, such as the International Planned Parenthood Federation (IPPF), formulated sexual and reproductive rights derived from international human rights law. The Charter of IPPF on sexual and reproductive rights (1995) has been recognized by UNFPA and WHO.

II. International legal and political framework

A. International legal framework

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979) provides that states shall ensure men and women "...the same rights to decide freely and responsibly on the number and spacing of their children...", guarantees access to necessary information and education, and entitles women and men to the means to
control their family size. According to CEDAW Recommendation 21, family planning is understood as: guaranteed sex education, availability of family planning services, availability of safe and reliable methods of contraception, freely available and appropriate measures for the voluntary regulation of fertility for the health and well-being of all members of the family.

In its General Comment (no.14, 2000) on article 12 of the UN International Covenant on Economic, Social and Cultural Rights dealing with the Right to the Highest Attainable Standard of Health, the Committee on Economic, Social and Cultural Rights recognizes the right to sexual and reproductive freedom, the right to access to education and information on sexual and reproductive health, and the availability, accessibility, acceptability and quality of health care facilities, goods and services.

**B. International political framework**

The Declarations and Programmes of Action of both the UN International Conference on Population and Development (Cairo, 1994) and the United Nations Fourth World Conference on Women (Beijing, 1995) mark a turning point in ways of thinking about sexuality and reproductive matters. Before ICPD and FWCW, these issues were exclusively dealt with in terms of population growth and demographic policies. In ICPD and FWCW, sexuality and reproductive health were for the first time considered from a human rights perspective. The idea of women's rights as human rights was being viewed as highly needed for the empowerment of women and important for the progress of society in general. The concept of family planning gave way to the broad concept of reproductive health, encompassing women and men, and describing a state of complete physical, mental and social well-being in all matters related to the reproductive system.

**C. Political developments on a European level**

In its resolution on the follow-up to the ICPD Conference, the European Parliament calls for the EU to play a leading role in promoting the creation of networks, research and information exchange facilities concerning reproductive health care. In its resolution on the follow-up of the Beijing Platform for Action, the European Parliament urges specific attention to be paid to the right to reproductive health, and called especially for actions to prevent the increasing number of teenage pregnancies by making contraceptives more widely available for young people, making more use of information campaigns and improving the quality and accessibility of sex education. In its resolution on the state of women’s health in the European Community, the European Parliament acknowledges that the conditions in which women can enjoy sexual and reproductive health varies significantly throughout the European Union. The resolution appealed to the Member States to legalize induced abortion under certain conditions, at least in case of forced pregnancy, rape, or in case of endangerment to a woman’s health or life, on the principle that it must be the woman herself who takes the final decision; and to ensure that voluntary abortions are carried out in a medically safe way and that psychological and social support is provided.

The Council of Europe has thoroughly treated the topic of sexual and reproductive health and rights on several levels.
III. Sexual and reproductive health and rights issues

A. Contraception

The ICPD and FWCW Programmes of Action reinforced the spirit of CEDAW, e.g. ICPD provided that all countries should, by the year 2015, seek to provide universal access to a full range of safe and reliable family planning methods. In addition, the Outcome Document of FWCW+5 provided the target set of 2015 for achieving universal access to high quality primary health care, including sexual and reproductive health care.

State of play

The average EU rate of modern methods of contraceptive use is around 65 %, Austria and Greece are around 53%, Germany, Finland, the United Kingdom and the Netherlands have the highest rate (around 75 %). The average rate of contraceptive use in the Accession Countries is much lower than in the EU, with an average of around 31 %, with the lowest rates in Romania and Lithuania (around 13,5 %) and the highest rates in the Czech Republic, the Slovak Republic, Hungary and Slovenia (around 47 %).

No national governments in the EU have a clear and separate policy on sexual and reproductive health, but the majority of countries support family planning services, which are, on the whole, widely available through health systems, mostly through general practitioners. The services, including contraceptives, are free of charge in the UK and Portugal. In other countries clients pay, but in most cases are partially or fully reimbursed. Family planning is not integrated into the health system in Spain and Greece and in Ireland state funding is only available to centres providing "natural methods". Contraceptive use varies both between and within Member States: services are less available in some countries for young people, for immigrants and for people in rural areas.

Due to limited availability and the high cost of appropriate contraceptives as well as the lack of counselling services in Central and Eastern Europe, abortion still remains the principal means of fertility regulation. An abortion can in principle be obtained for very little money or for free, while contraceptives are as expensive as one third of one’s salary. This leaves little choice for most women. Moreover, political support for reproductive health services is quite low due to demographical concerns.

B. Abortion

The ICPD Programme of Action states: "In no case should abortion be promoted as a method of family planning. All governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women’s health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services... Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling... In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of..."
complications arising from abortion...". The FWCW Platform for Action states that governments should "...consider reviewing laws containing punitive measures against women who have undergone illegal abortions..."

**State of play**

The lowest EU reported legal abortion rates are to be found in Belgium, Netherlands, Germany (around 7/1000 women), the middle group consists of Finland, France, and Italy (around 12/1000 women), the highest abortion rates are to be found in Sweden, the United Kingdom and Denmark (around 17/1000 women), with Sweden the highest (18/1000 women). In the Accession Countries, abortion rates are much higher than in the EU. The lowest official abortion rates are to be found in the Czech Republic (17/1000), Lithuania, Slovakia and Slovenia (21/1000 women); the middle group consists of Bulgaria, Latvia, Estonia, Hungary, (around 40/1000 women), the highest abortion rate is to be found in Romania (52/1000 women).

Abortion policy varies between EU Member States. This fact offers an explanation for the reality of women travelling between EU Member States in order to have an abortion. The most restrictive policy is Ireland’s, where abortion is only allowed to save a woman’s life; in Portugal and Spain legal abortion is only possible in case of foetal impairment or rape, or to protect a women’s physical or mental health, but in reality the abortion practice differs considerably. Other countries allow abortion for medical and socio-economic reasons. The gestational limit for abortion is in most countries 12 weeks; after this limit, abortion is still possible in some countries in special circumstances. In some countries, parental consent is needed for minors. The cost of abortion varies; many governments include abortion in national health insurance systems, for some only for abortion on medical grounds.

In Central and Eastern Europe, abortion is one of the leading causes in maternal morbidity. In Poland, abortion is outlawed after almost 40 years of being legal and widely available.

Cyprus has a restricted abortion policy (in case of rape, foetal impairment and to protect a woman’s physical or mental health). In Turkey, spousal consent is needed.

**C. Adolescent sexual and reproductive health / sexuality education**

Article 24 of the Convention on the Rights of the Child (1998) states: "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services". Article 6.15 of the ICPD states that "Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education and the prevention of HIV/AIDS and other sexually transmitted diseases. Access to, as well as confidentiality and privacy of, these services must be ensured with the support and guidance of their parents and in line with the Convention on the Rights of the Child. In addition, there is a need for educational programmes in favour of life planning skills, healthy lifestyles and the active discouragement of substance abuse".
State of play

The rate of teenage pregnancies is generally increasing in the EU (actual rate between 12 and 25 per 1000 girls aged 15-19 years), with the lowest rates to be found in Netherlands, and Belgium, the middle group is formed by Germany, France, Finland and Denmark and the highest rates are to be found in Sweden, Italy and England and Wales.

Within the EU, young people still do not have the same level of knowledge and skills in regard to sexuality. The differences in teenage pregnancy rates, e.g. the UK 28 per 1000 girls aged 15-19 years and the Netherlands, 7 per 1000, are striking. Worldwide the Netherlands is considered as the example for openness and quality services in regard to sexuality matters.

In Eastern Europe, the lack of sexuality education contributes to the insufficient use of contraceptives. Overall, more adolescent health programmes are needed. In some countries, like Latvia and Bulgaria, parental authorization is needed for family planning services. In Poland, no sexuality education whatsoever exists.

IV. Policy recommendations

The EU has always played an important role in promoting sexual and reproductive health and rights.

In this report, we launch an appeal to the Member States and the Accession Countries to review the implementation of the ICPD Platform of Action and the safeguarding of International human rights instruments. The concept of sexual and reproductive health and rights in the EU and the Accession Countries needs to be reinforced.

We deduce from the figures above that there are great disparities between the Member States of the EU and the Accession Countries. However, it should be taken into account that the data are incomplete and may not actually reflect the real situation due to the lack of official data and underreporting. Therefore, there is a need for a clearer picture of the state of sexual and reproductive health and rights and an overview of best practices. To this end, we recommend the Commission to develop a database concerning sexual and reproductive health and rights, based on harmonized reproductive health indicators. The research currently supported by the European Commission in this field should be continued under the new Community Health Action Programme, e.g. the Reprostat project that aims to develop indicators and determinants of reproductive health for monitoring and evaluating reproductive health in the EU, and the ECHI project that inserts sexual behaviour as a health determinant in the EU health strategy.

We further call upon the Commission to consider the opinions of young people on sexual and reproductive health and rights as an important theme in the follow-up of the White Paper on Youth.

Although reproductive health policies remain merely within the competence of the Member States, the EU could add value by launching a process of mutual learning, based on comparisons of reproductive health data and on sharing positive experiences and best practices in Member States "and Accession Countries" sexual and reproductive health programmes and policies.
1 - Global Policy Committee of the World Health Organization, 2 May 1994
2 WHO, ‘Definitions and Indicators in Family Planning, Maternal & Child Health and Reproductive Health Used in the WHO Regional Office For Europe’, March 1999
3 Art. 16 (1) e
4 - Concise Report on World Population Monitoring 2002, UN Population Division of the Department of Economic and Social Affairs, with input of WHO and UNAIDS
5 ICPD Para. 8.25
6 FWCW Para.106.k
7 see footnote 4
8 see footnote 4