

**Statement by Ms. Christine McCafferty, MP, U.K.; Member,
Parliamentary Assembly of the Council of Europe**

You have heard from the Vice-President of CoE this morning, that this report was debated only last week in this Chamber.

During the course of the debate I was accused by some parliamentarians of being a radical hedonist and told that my report would encourage an advanced state of decadence.

I knew then that I was on the right track.

I realise there may be delegates from outside Europe here today, who would query, the necessity for a European sexual health strategy,

because Europe is perceived as being at the forefront at implementing human rights.

However, some countries in Europe face real difficulties.

According to the definitions adopted at the International Conference on Population and Development (Cairo, 1994),

every individual should have a right to sexual and reproductive health, defined as a state of complete physical, mental and social well-being.

The right to protection of health is also, part of the Council of Europe acquis.

The right to sexual and reproductive health implies, that people are able to enjoy a mutually satisfying and safe relationship, free from coercion or violence,

and without, fear of Sexually Transmitted Infections, including HIV/Aids or unwanted pregnancies.

Many Council of Europe member states have very high standards of sexual and reproductive health, taking into account indicators such as :

contraceptive use, HIV/AIDS prevalence, abortion rates,
maternal and child morbidity and mortality rates.

Their experiences can serve as a useful example to other member states,

in finding solutions, to improve the sexual and reproductive health situation, in their own countries.

However, there is enormous disparity of standards between member States and even within member States.

In many Council of Europe member states there are issues for concern:

rising teenage pregnancies, high rates of sexually transmitted infections, including HIV/Aids infections,

rising infertility rates, poor access, availability and affordability,

lack of use of sexual and reproductive health commodities and services,

and poor relationship and sex education.

In many Eastern European countries contraceptive use remains low, leading to unwanted pregnancies;

abortion rates in some areas, are among the highest in the world, as a result of a lack of appropriate sexual and reproductive health information and services.

In some member states, women are still forced to resort to illegal, backstreet and therefore unsafe abortions.

Maternal and child morbidity and mortality, and reproductive cancers are issues of great concern, in many countries,

together with sexual violence and exploitation,

including the trafficking of human beings, especially young girls.

And despite a comparatively low prevalence in the region, growth rates in new HIV infections, in the last few years, in Estonia, Russia and Ukraine,

are amongst the world's highest.

The social, health and family affairs committee has just put forward a motion for recommendation on HIV prevention,

for which I will be the rapporteur.

No national governments in Europe, 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.

Services, including contraceptives, are usually free of charge in the United Kingdom 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".

Countries of Central and Eastern Europe shared common heritage prior to 1989,

where governments provided universal health care services, to all.

Not all health care services were necessarily up to WHO standards of care,

but over the last decade, the budgetary cuts and the regional trend, towards privatisation,

have had detrimental consequences of reducing access to healthcare.

The report of the Centre for Reproductive Law and Policy report, draws attention to the inadequacy of family planning services.

Poland is perhaps the most extreme example, in declining to fund family planning,

as part of its reproductive health commitment.

Most countries in the region, apply a narrow definition of reproductive health, and put resources into maternal and child health programs, neglecting a full range of other services.

In Resolution 1399 the Assembly calls upon member states to:

i. prepare and adopt comprehensive national strategies for sexual and reproductive health which address the issues of:

- Sexual and reproductive health information and education, especially, for children and adolescents;
- Rising teenage pregnancies;
- Rising sexually transmitted infections (STIs) including HIV/Aids;
- Infertility;
- High abortion rates, including unsafe abortions in some member states where abortion is illegal;
- Lack of affordable, accessible, available sexual and reproductive health commodities and services;
- Reproductive cancers;
- Sexual violence and exploitation, including the trafficking of young girls;
- Maternal and child morbidity and mortality;

- ii. take all appropriate measures to ensure equality between men and women in all aspects of life, including, in relation to universal access to comprehensive sexual and reproductive healthcare services;
- iii. increase sexually transmitted infections (STI) screening, treatment and voluntary counselling and testing (VCT) for HIV and subsequent treatment for those found to be HIV positive;
- iv. facilitate access to affordable and wide ranging contraceptives and services;
- v. provide age-appropriate, comprehensive sexual and reproductive information and education;
- vi. respond to the specific needs of young people, with specific reference to confidentiality and youth friendly services;
- vii. respond to the specific needs of vulnerable population groups, including migrants, minorities and rural population;
- viii. meet changing sexual and reproductive health needs over the life cycle;

In order to attain the above goals, the Assembly encourages member states to:

i. work with and support national and regional non-governmental organisations and the private sector in the formulation and implementation of national strategies for sexual and reproductive health;

ii. engage in dialogue with young people and vulnerable population groups in the formulation of appropriate strategies and programmes, which respond to the sexual and reproductive health needs of these groups;

iii. encourage the creation in national parliaments of mechanisms and structures which tackle the sexual and reproductive health situation, in the national context, such as all-party parliamentary groups;

iv. provide appropriate funding in national health budgets to achieve these objectives.

European strategies must address and finance,

the mandate of the ICPD Programme of Action and its overall theme,

the interrelationships, between sexual and reproductive health and populations, sustained economic growth and sustainable development.

If sustainable development is to mean anything, people must be healthy enough to benefit from it,

and not have their lives cut off, prematurely,

through a lack of choice.