

Session childbearing and parenting in low-fertility countries

Statement Anne Van Lancker

As a member of the European Parliament's commission of women's rights, I have been working on reproductive health issues in the European context. I am also a member of the Inter-European Forum of Parliamentarians on Population and Development.

I feel very honored that I have the opportunity discuss with you the opportunities and obstacles that lie ahead for the implementation of the ICPD Program of Action.

As Commissioner Nielson already explained, the first point I would like to make is the following: it would be terribly wrong to exclude sexual and reproductive health issues from population and development policies in low fertility countries simply because reproductive health is not a problem from a demographic point of view. As this does not mean that sexual and reproductive health is not a problem in these countries. I want to refer to raising teenage pregnancies, the raise in STI's - especially in the Accession Countries in the European Union - domestic violence and inequality in access to reproductive health services for vulnerable groups. For example we have to keep our commitment to a comprehensive, rights-based approach towards sexual and reproductive health also within Europe, especially now with the enlargement of the EU.

My second point is that we need to develop new methods and tools to ensure compliance for the implementation of the ICPD action plan.

The European Union has always been at the forefront of promoting sexual and reproductive health and rights in the developing countries. The regulation on aid for policies and actions on reproductive and sexual health and rights in developing countries is one of the main legislative tools of the EU to implement the ICPD Program of Action. In addition, following the reinstatement of the Mexico City Policy by President Bush and the subsequent loss of funding for organizations such as IPPF and UNFPA, the European Commission decided to fill the gap in funding by, for example, providing IPPF (International Planned Parenthood Federation) with 10 million euros for projects in countries of the African Caribbean Pacific Region.

Considering the important efforts that the EU has undertaken as regards sexual and reproductive health and rights in the developing countries, it is especially striking to see that the EU did not take up a similar role in the implementation of the ICPD Program of Action in the European region. Isn't it unacceptable that the EU promotes sexual and reproductive health and rights in the rest of the world, but does not consider it important to defend these rights for its own citizens? In the resolution that

was issued by the European Parliament in the aftermath of the ICPD conference, the EP wanted the EU to play a leading role in the creation of networks, research and information exchange facilities. Unfortunately, afterwards, no concrete action was undertaken as regards the promotion of SRHR in the EU.

Research conducted by IPPF and the WHO showed that there were very few data as regards sexual and reproductive health in Europe, and the existing data showed great differences in sexual and reproductive health and rights between the Member States and the New Countries and also between the Member States themselves. If we look at the differences between Member States as regards teenage pregnancies, we see for example that the UK has a rate of teenage pregnancies of 47/1000 women compared to the Netherlands, that has a rate of only 7/1000 women. The abortion rates in some New Countries are much higher than in the Member States of the EU: Belgium has a rate of 6/1000 women; whereas Romania has the highest abortion rate with 52/1000 women. The great difference in abortion rates between Member States and the New Countries is of course not surprising as the access to contraceptives also differs greatly: in some of the New Countries, they can cost up to one third of one's salary. Moreover, the use of modern methods of contraceptives wasn't promoted and sometimes discouraged. Comparing these data with Member States' and the New Countries' policies, it can be derived that there are in fact huge inequalities in terms of access to reproductive health services, access to contraceptives and abortion. In addition, there are fewer abortions in countries that combine liberal legislation on abortion with effective sexuality education, high quality reproductive health services and availability of a wide range of contraceptives (with one exception: Sweden).

The situation as regards the spread of STI's and HIV/AIDS in the New Countries is the least to say worrying. Since the early 1990s, the countries of Eastern Europe have experienced major epidemics of STI's (particularly syphilis) and are experiencing one of the world's fastest growing HIV/AIDS epidemics. With the free movement of persons within the EU (e.g. the effects of prostitution), Member States may experience a spillover effect. Coordinated action on EU level is necessary to address these health issues.

On the basis of these conclusions, I concluded that concrete action from the EU is needed in order to reinforce the commitments made by the Member States and the New Countries for the implementation of the ICPD Program of Action. In close cooperation with IPPF European Network, I drafted a resolution for the European Parliament that was voted in July 2002. The resolution foresees for the EU the role of a bridge-builder between the Member States by stimulating the exchange of information and good practices as regards SRHR. Of course, sexual and reproductive health care remains firmly within a Member States' competence but does this mean that policy makers cannot learn from each other? The EU could have an added value by starting up a process of mutual learning, based upon common indicators and

benchmarks, exchange of best practices and comparison of data and policies. In this vein, the European Commission already started a project on the setting up of reproductive health indicators that are based on the specificities of the European region. This project was launched under the European Public Health Strategy, wherein sexual and reproductive health was taken up as one of the health determinants.

I very much hope that the EU will benefit from the positive stimulus from this UNECE conference to further develop its role in the implementation of the ICPD Program of Action. I therefore invite you all to discuss with me how synergies can be further developed between the UNECE, WHO Europe, the Council of Europe and the EU.