

**The WHO Regional
Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav
Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

5063690

Original: English

REPORT OF THE HIGH-LEVEL CONSULTATION ON IMPROVEMENT OF SEXUAL AND REPRODUCTIVE HEALTH AND
RIGHTS OF YOUNG PEOPLE IN EUROPE,

COPENHAGEN, DENMARK, 11-12 DECEMBER 2006



Report of the High-level
consultation on
improvement of sexual
and reproductive health
and rights of young people in
Europe

**Copenhagen, Denmark, 11-12
December 2006**

**World Health Organization
Regional Office for Europe**

Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 39 17 17 17. Fax: +45 39 17 18 18. E-mail: postmaster@euro.who.int
Web site: www.euro.who.int



Report of the High-level consultation
on improvement of sexual and
reproductive health and rights of
young people in Europe

**Report on a WHO meeting
Copenhagen, Denmark, 11–12 December 2006**

ABSTRACT

Representatives nominated by the Ministries of Health from 23 Member States of the WHO European Region, the European Commission, the International Planned Parenthood Federation European Network (IPPF-EN) and Lund University attended a two day high-level consultation meeting to evaluate the mid-term results of the project “The way forward: a European partnership to promote the sexual and reproductive health and rights of youth” (2004–2007). The situation on the trends in sexual and reproductive health status of young people in the European Union countries was analysed and tools developed by the WHO, IPPF EN and Lund University were presented. Country representatives discussed the draft policy framework on sexual and reproductive health and rights that will be presented in the final meeting of the project in October 2007 and many recommendations were received to prepare the document that would be an important tool for developing national policies and programmes in the area of sexual and reproductive health of young people.

EUR/07/5063690

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (<http://www.euro.who.int/pubrequest>).

© World Health Organization 2007

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities, or areas. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use. The views expressed by authors or editors do not necessarily represent the decisions or the stated policy of the World Health Organization.

CONTENTS

Page

Introduction	1
Opening	1
Overview on sexual and reproductive health of adolescents in Europe	2
European Regional Strategy on Child and Adolescent Health and Development	3
“The way forward: A European partnership to promote the sexual and reproductive health and rights of youth” (2004–2007) = SAFE Project: Sexual Awareness for Europe (SAFE)	4
European Commission policy on improvement of sexual and reproductive health.....	5
Results of the research component of the SAFE Project	6
Examples of the policies on sexual and reproductive health of young people in countries participating in the SAFE project: Iceland and Bulgaria	6
Challenges in development and implementation of the policies in sexual and reproductive health and reproductive rights of adolescents: outcomes of group discussions	7
Presentation of the draft of the policy framework on improvement of sexual and reproductive health and rights of young people in Europe.....	10
Introduction to working groups: comments and suggestions on the draft of the policy framework on improvement of sexual and reproductive health and rights of adolescents in Europe	10
Plenary session- feedback from the working groups on the draft of the policy document	11
Launch of the “Sexuality Education in Europe –A Reference Guide to Policy and Practices” and press conference.....	11
Next steps in the SAFE project	12
Annex 1. Programme	14
Annex 2. List of participants	17
Appendix	23

Introduction

Representatives from 23 Member States of the WHO European Region, the European Commission (EC), the International Planned Parenthood Federation European Network (IPPF EN) and Lund University attended a two-day High-level consultation meeting on improvement of sexual and reproductive health and rights of young people in Europe. The meeting consisted of presentations, discussions and plenary sessions that focused on the promotion of sexual and reproductive health and rights of young people in European Union and beyond. The main objectives were:

- to review the current status of sexual and reproductive health and rights (SRHR) of young people in Europe;
- to provide a forum where achievements and challenges in achieving SRHR for young people could be shared, through experiences, evidence and best practices;
- to review the European Commission financed project implemented by IPPF EN, Lund university and the WHO Regional Office for Europe *'The way forward: a European partnership to promote the sexual and reproductive health and rights of youth'* (2004–2007) called SAFE (Sexual Awareness for Europe), paying particular attention to discussion and feedback on the draft of the policy framework on improvement of sexual and reproductive health and rights of young people in Europe;
- to discuss the need for, and importance of, research, action and policy formation in SRHR of young people and how to accelerate this process; and
- to provide the opportunity to discuss and identify the need for collaboration between Nongovernmental organizations (NGOs), academic institutions, civil society and international organizations to ensure the achievement of good SRHR of young people across Europe.

11 December 2005

Opening

The Deputy Regional Director of the WHO Regional Office for Europe opened the meeting by welcoming all the participants. She emphasized the importance of the high-level consultation, particularly in view of the fact that young people account for approximately 20% of the European population and that many of the problems (adolescent pregnancy, increasing incidence of sexually transmitted infections, poor condom use) and opportunities faced by this group are similar throughout Europe. She mentioned that the growth of the world's population and the magnitude of the HIV/AIDS crisis will largely be determined by the tools pertaining to good SRH provided to young people. Meetings, such as this one, were deemed to be relevant and provided opportunities to address the challenges present in adolescent SRHR. She highlighted that the way of addressing the pressing issues of adolescent SRHR was particularly difficult due to the multi-sectoral (cultural, social, religious and economic) dimensions that play contributing roles, and the reality that evidence and data are often absent in this particular field. The need for collaboration between the World Health Organization (WHO) and other institutions (NGOs, universities and civil society) was recognized as necessary to properly address the challenges and

problems present in addressing the SRHR of young people. The SAFE project was a good example of successful collaboration.

The Director, Division of Health Programmes, WHO Regional Office for Europe, welcomed the participants to Copenhagen, thanking them for their involvement in a process that shared the same vision for young people; the ability to have healthy social and sexual relationships; and to contribute productively to society and have a fulfilling sexual life. He mentioned that recognition of SRHR for young people gained worldwide attention at the International Conference on Population and Development (ICPD) in Cairo in 1994, yet despite commitment to this cause over the past 20 years, barriers to progress and challenges have remained. Such barriers include the perception of adolescents' exposure to risk, poverty and vulnerable situations/groups, gender, lack of respect for human reproductive rights, and reforms and weaknesses of health systems. He reiterated that WHO was committed to the SRHR of young people, citing this cause as one of the main objectives and targets in both the WHO European Regional Strategy on Sexual and Reproductive Health (2001); <http://www.euro.who.int/document/e74558.pdf>) and the WHO Global Reproductive Health Strategy (2004); <http://www.who.int/reproductive-health/publications/strategy.pdf>). The European Strategy for Child and Adolescent Health and Development (2005); <http://www.euro.who.int/document/E87710.pdf>), which is currently undergoing planning and implementation, and the SAFE Project were further examples of the ongoing commitment of the WHO Regional Office for Europe towards the field of SRHR of young people. The goals and objectives of the meeting, as mentioned in the introduction, were then presented and discussed.

A member of the HIV/AIDS Task Force, European Commission Directorate-General for Health and Consumer protection, Directorate Public health and Risk Assessment, Health Determinants Unit) provided a brief overview of the European Commission's (EC) role in the SRHR of young people in Europe. Currently, this comprises primarily the SAFE project, with SRHR otherwise being represented within their HIV/AIDS policy and their Public Health Action Programme. He stressed that the EC's attendance at this meeting was felt to be particularly valuable in providing input and guidance on policy formation of SRHR to the EC from EC Member States.

Overview on sexual and reproductive health of adolescents in Europe

The Regional Adviser, Reproductive Health and Research programme, the WHO-EURO, summarized the current situation in Europe regarding adolescent SRHR by first defining what is meant by sexual and reproductive health (Box 1), followed by a presentation of the key issues/priorities pertaining to the SRHR of adolescents; adolescent pregnancy; sexually transmitted infections (STI) and HIV/AIDS; contraceptive knowledge and use; youth-friendly health services (YFHS); and sexuality education that deals with both the technical and emotional aspects of SRHR. Overviews of these specific indicators for all Member States, where information was available, were then presented, which demonstrated the variations seen across countries pertaining to SRHR issues; these variations are probably a reflection of the various social, economic, political and religious diversity of the countries in the European Region. The information presented, however, represents the average assessment of the true situation as data and information regarding adolescent SRHR is often not included, and unreliable or

incomparable both within and across countries. Standardized indicators, age groups or aggregated data are lacking and little research has been conducted to explore the behavioural or emotional aspects of SRHR. Currently, the Health Behaviour of School-Aged Children (HBSC) Study (2001–2002) is the only one that allows for comparison of selected standardized SRHR indicators between participating countries. Germany, Ireland and Latvia are recognized as being among those that have conducted national surveys regarding SRHR of young people, but once again the lack of standardized age groups or indicators make it difficult to use the data in a comparative manner. Examples of SRHR activities that had WHO-EURO support were presented, including Biannual Collaborative Agreements with Bulgaria, Latvia, Turkey and Ukraine; the WHO Family and Community Health counterparts meeting in September 2006 (http://www.euro.who.int/childhealthdev/news/20060921_2); and the International Conference on Sexuality Education in Multicultural Europe held at the WHO Collaborating Centre in Cologne, Germany (<http://www.sexualaufklaerung.de>), all of which demonstrated various ways in which WHO works with Member States in the European Region to help improve SRHR. It was stressed that the SRHR of young people is one of the World Health Organization's key priorities in the European Region, and one which is firmly committed to continuing the promotion and improvement of SRHR in Europe.

Box 1

Reproductive health is a state of complete **physical, mental and social well being**, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its function and processes. It implies that people are able to have a **satisfying and safe sex life** and that they have the capability to reproduce and the freedom to decide when and how often to do so.

(ICPD, 1994)

Sexual health is a state of physical, emotional, mental and social well-being related to **sexuality**; it is not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a **positive** and **respectful** approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

(WHO, 2002)

European Regional Strategy on Child and Adolescent Health and Development

The Regional Adviser, Child and Adolescent Health and Development, WHO Regional Office for Europe, introduced the strategy by explaining that it had developed via a broad consultative approach during the period September 2003– September 2005. He explained that the strategy had been formed by applying three underlying ideologies: the moral and legal obligation of protecting the rights of children and adolescents; the role of children and adolescents in contributing to a healthier society in future years; and their role in the future economic impact and sustainability of societies. Emergency issues facing child and adolescent health such as HIV/AIDS, obesity and mental health were seen as essential elements to address as part of the strategy. The three main objectives of the strategy are: to provide a framework for evidence review and improvement of national policies and programmes; to promote multi-sectoral action

regarding child and adolescent health (CAH); and to identify the role of the health sector in development and coordination of policies and service delivery. Underlying these objectives are 4 basic principles that include: a life course approach; equity; intersectoral action; and the participation of both the public and young people. He emphasized that the strategy should be viewed as a framework that Member States could use for promoting CAH, and adapted as necessary. In addition, information was provided about the various toolkits that had been made to complement the strategy which, it was hoped, would help Member States with assessment, information and action.

Discussion

During the ensuing discussion, the following key issues were raised:

- the importance of being able to share and learn from each other to accelerate the work (research, policy, action) that needs to be done concerning SRHR of young people;
- the need for increased emphasis/inclusion of males in programmes, who are often neglected in SRHR;
- the emerging influence of the internet regarding SRHR and the needs of young people in the face of globalization;
- the need to promote the SRHR agenda by forming partnerships with key stakeholders;
- the need for the EU to invest more in health;
- the importance and need of good quality, comparable research pertaining to SRHR;
- the importance of involvement of young people;
- the need to advocate for changes in legislation that promote SRHR; and
- the need to understand and recognize the differences that exist regarding SRHR across different regions.

“The way forward: A European partnership to promote the sexual and reproductive health and rights of youth” (2004–2007) = SAFE Project: Sexual Awareness for Europe (SAFE)

The Regional Director, IPPF EN, introduced the European SAFE project, which is funded by The European Commission’s Directorate-General for Health and Consumer Protection – Public Health (SANCO), which is a partnership between the IPPF European Network, WHO-EURO, Lund University and the WHO Regional Office for Europe’s IPPF European Network. The project’s goal is to draw more attention to, and enhance the SRHR of all youth across Europe, through improved cooperation among EU countries, coordination among agencies, and harmonization of public health policies, strategies and programmes. The project comprises three components: research and documentation; advocacy and dissemination of information; and testing best practices. Currently quantitative research is being performed in 26 countries, 11 of which are involved in select analyses, and qualitative research is ongoing in 11 countries. In addition, the publication ‘Sexuality Education in Europe’, to be released at this meeting, represents the results of research carried out in this field as part of the SAFE project. The key focus of the advocacy component has been the policy framework and guidelines “Policy framework on improvement of sexual and reproductive health and rights of young people in

Europe”, as well as a framework for comprehensive sexuality education. Testing best practices has been implemented through the use of mini action projects in 6 countries, most of which focus on vulnerable groups and SRHR. An extremely important aspect of the SAFE project is that the full participation of young people has been present from the onset. The YSAFE Regional Youth Network has contributed and been involved in all important decisions and provides an example of effective youth/adult partnerships. Ms. Claeys concluded her presentation by highlighting both the opportunities and challenges the project had encountered. The project’s strengths include the ability to strengthen partnerships between civil society and policy makers, the opportunity to engage civil society in research, which is felt to be a key to making progress, and the opportunity to meaningfully involve young people in decision-making. Lack of up-to-date comparable data and research on adolescent SRHR, a lack of willingness on the part of policy makers to address the issue of SRHR of young people, and the need for a multisectoral approach all represent challenges faced by the project.

European Commission policy on improvement of sexual and reproductive health

A member of the HIV/AIDS Task Force, The European Commission (EC) Directorate-General for Health and Consumer protection, Directorate Public health and Risk Assessment, Health Determinants Unit, provided an overview of the SRH policy within the European Union. He explained that, at present, there is no formal policy that specifically addresses the issue; in fact, the topic of SRH forms a component of two other programmes/policies; Public Health Action Programme and HIV/AIDS policy. Current methods of focusing on improvement of SRH of young people rely on the sharing of information and best practices experienced by projects involved in these programmes. It was recognized that the EC needed to expand its HIV strategy, placing greater emphasis on overall behaviour relating to SRH. He explained that a working group had been established in October 2005 to help raise awareness regarding SRH of young people, and to develop a positive approach which focuses on safer sex, not only disease prevention. Partners in this group include WHO, IPPF EN, European Youth Forum MTV, Durex, and the various EU presidencies. The role of the working group is: to help identify SRH issues that can be addressed at the EU level given limited experience and resources; to identify approaches/activities that can be performed at EU level that would promote these issues; and to assist the EC with the development of a policy that would address SRH. He reiterated that this particular meeting was seen by the EC as an important opportunity to have its Member States forward and provide guidance to the EC on important issues pertaining to SRH.

Discussion

The discussion touched on the issue regarding the type of available expertise relating to gender issues in the EU, how best to target and reach marginalized groups, and what communication plans existed within the SAFE project to ensure that the information gathered would be shared among various countries.

Results of the research component of the SAFE Project

A Professor representing the Department of Community Medicine, Lund University, Sweden, introduced the research component of the SAFE project, the primary goals being to explore the reasons behind the large differences seen in SRHR indicators in various countries and to provide current, comparative information and data on these main determinants. The Advocacy and Community Relations Officer, STI/HIV/AIDS programme in the WHO Regional Office for Europe then reviewed the methodology used: a) descriptive country profiles; b) analysis of raw data (multilevel); c) local studies by Member Associations of the IPPF EN; d) systematic review of sexually transmitted diseases; and e) developing user-friendly databases. He presented the results of the research which had included multilevel analyses of SRHR indicators from 19 countries and regions of the EU, the establishment of online databases and country profiles, systematic review of STI and 11 mini-action projects. Conclusions from the component included the following issues: limited comparable data with the exception of the HBSC study; variation pertaining to condom use was related to religion, alcohol use and bullying across countries; a need to focus more on at risk populations; a need to focus more on healthy lifestyles; a need to see SRHR as an integral part of necessary life skills; and a need to see knowledge as an important outcome variable in research. He concluded by stating that challenges or steps that needed to be considered and addressed concerning research and SRHR of young people involved how to monitor SRHR across Europe (which indicators) and how to develop programmes and policy frameworks based on evidence and results of studies (available in early 2007 at <http://www.ysafe.net/SAFE/index.htm>).

Discussion

Pertinent points addressed revolved around the lack of up-to-date, comparable data and research pertaining to SRHR of young people. Given the serious gaps in knowledge, it was reiterated that the EU was seen as one of the primary resources that would be able to provide the financial means to address this particular issue. This meeting was seen as an excellent opportunity to provide the EU with the information required to investigate the problem, as well as a setting in which all participants could share ideas and learn from each other and to accelerate the action needed in SRHR of young people.

Examples of the policies on sexual and reproductive health of young people in countries participating in the SAFE project: Iceland and Bulgaria

A Professor of the Department of Obstetrics and Gynaecology, University Hospital of Iceland, began by stating that the overall SRHR of young people in Iceland was relatively good. Laws existed concerning gender inequity and contagious disease. The rates of STI and adolescent pregnancy were decreasing, an educational framework regarding SRHR existed, and there were an increasing number of services that specifically targeted youth. Despite these positive achievements, he acknowledged that the national policy and programme for sexual and reproductive health of adolescents could be improved. Parental consent was still required under the age of 16 and the definition of youth applied only to those under 18 years of age. There was a need for more targeted youth services, including evening YFHS and free or subsidized contraceptive services. The quality of sexuality education was questionable, often a reflection of a lack of adequate training of teachers, lack of high quality educational material and an approach

that focused too much on biology rather than life skills; thus, there was a need for improved education of instructors and earlier introduction of sexuality education (age 11–14). Furthermore, sexuality education needed to address the misinformation obtained by adolescents on the internet and via on line chat forums. ‘Astradur’, a voluntary association of second-year Icelandic medical students, who teach sexuality education in classrooms and via radio shows, has been extremely successful in this regard. The representative concluded his presentation by emphasizing that for the promotion of adolescent SRHR to be successful it required not only both public and political support, but more importantly, the involvement of young people.

A representative of the National Health Policy Directorate, Ministry of Health of Bulgaria, introduced Bulgaria by stating that as a country in transition, the SRHR of young people faced many challenges. There were persistently high adolescent pregnancy and abortion rates, increasing STI morbidity, decreasing age of sexual debut, low use of contraception, no systematic health education programmes, and high unemployment and school drop-out rates. While access to YFHS was beginning to develop, it was still primarily concentrated in urban areas. As a result, the Government had taken a critical look at the SRHR of adolescents to develop a policy that could best address these needs. The current government policy focused on improving adolescent SRHR by developing an integrated system of health education, promoting healthy sexual behaviour, developing an integrated approach to problems and solutions, promoting macroeconomic improvement of the various socioeconomic determinants of the issues, increasing the role of medical professionals in adolescent SRHR, and involving society and Nongovernmental organizations (NGOs) in development and programming. Coordination among all sectors could be improved if sustainable programmes and policies could be developed. She provided an overview of several major SRHR projects that are currently ongoing in Bulgaria, many of which involve partnerships between the Ministry of Health and other ministries, and donor agencies such as UNFPA, UNICEF and the EC. She concluded by stating that in addition to the four separate national strategies already developed on HIV/AIDS, suicide prevention, mental health and addictions, the Ministry of Health was currently working on a National Health Strategy that included programmes on YFHS to be finalized by 2013.

Challenges in development and implementation of the policies in sexual and reproductive health and reproductive rights of adolescents: outcomes of group discussions

Discussions in the groups focused on who held the role of key policy maker in the area of SRHR of young people; examples of the best practices in implementation of the policies including factors that were most important to achieve success; and barriers in development and implementation of policies pertaining to SRHR of young people. Reporters from the individual groups reported the following:

Numerous institutions, counterparts and organizations were identified as being the lead players in policy making, including:

- **Ministry of Health**
- **Ministry of Education**
- Ministry of Social Affairs

- the Church/ religious institutions
- family planning associations
- other NGOs
- youth services
- state organizations
- university and academic circles
- the media

Although a broad range of stakeholders in the area of adolescent sexual and reproductive health existed, the Ministry of Health and Education was recognized as the actor playing the major role in the majority of countries. It was pointed out that while Ministries are usually the main players in policy-making, they are often less involved in the implementation and monitoring and evaluation of the outcomes. NGOs were recognized as being more involved in the area of implementation and that they played a more significant role, in collaboration with local governments, in policy making in countries with a decentralized system. The definition of 'policy maker' was also discussed; is it those who ratify the document or those who have actually inspired it?

The examples provided for best practices were diverse and represented success stories at all levels in various countries. Examples included:

- multisectoral, interdisciplinary programmes targeting SRHR, e.g. adolescent pregnancy
- development of national strategies and programmes committed to SRHR of adolescents
- training of midwives to provide health education
- use of medical students in peer education
- multicultural gender-based SRHR programmes
- sexuality education programmes
- easy/improved access to youth-friendly health services
- improved contraceptive availability and accessibility, including emergency contraception
- history of contact tracing
- early involvement of NGOs in prevention of HIV/AIDS
- free, voluntary, confidential HIV testing centres
- needle exchanges for injection drug users.

The following key factors were identified as being important to successful implementation:

- multisectoral, interdisciplinary approach;
- participation of young people;
- provision of education to parents to enable them to discuss sexuality openly and honestly;
- adequate financial capacity/support of those involved;
- development and promotion of partnerships;

- systematic approach involving research, analysis and monitoring of SRHR;
- identification of barriers and obstacles and solutions to such issues (for example, changing the name of sexual education to HIV/AIDS/STI education in order to have the programme implemented);
- external support from donors and agencies; and
- political support and commitment.

A number of issues were recognized as frequently experienced barriers in the implementation of policies in sexual and reproductive health, such as:

- disagreement among the different ministries over the roles, responsibilities and actions of the various departments;
- lack of political stability or commitment;
- lack of long-term political agendas;
- lack of data and knowledge about SRHR indicators, both within and across individual countries for comparison;
- lack of standardized SRHR indicators;
- lack of evidence on impact and outcome of SRHR programmes/strategies;
- lack of coordination among the various stakeholders;
- religious ideologies and conservative attitudes/beliefs;
- lack of parental knowledge and involvement;
- lack of systematic approach to sexuality education (delivery, training, teachers' knowledge);
- shortage of adequately trained professionals dealing with SRHR (teachers, counsellors, peer leaders, medical professionals);
- lack of access to contraception;
- lack of capacity building in local environments for strategy implementation;
- absence of strategic planning/multisectoral approach;
- language used in programmes/documents and its implications within the socio-cultural context (for example sex, sexual, sexuality);
- restrictive legal frameworks;
- conflicting role of the media (stigmatization and promotion of SRHR);
- medicalized approach to SRHR focusing on disease rather than positive aspects/context; and
- negative perception of young people by older population based on inaccurate knowledge/views.

Presentation of the draft of the policy framework on improvement of sexual and reproductive health and rights of young people in Europe

The Director of Advocacy and Programmes, IPPF EN, introduced the policy framework by explaining that it had been developed in response to recognition of current inconsistent SRHR policies present throughout Europe. As a framework, it builds upon the principles of the Millennium Development Goals and the ICPD and is meant to inspire and assist policy makers and governments in ensuring appropriate policies and practices of SRHR of young people. It identifies the main challenges to young people's healthy sexual development and provides guidance based on available evidence and best practice. It also draws and builds on the WHO European Strategy for Child and Adolescent Health and Development and the WHO European Regional Strategy on Sexual and Reproductive Health. Furthermore, the approach taken towards drafting the document was a rights-based approach that was positive with balanced messages and views. The document was considered to be comprehensive, and encompassed personal, societal and public health aspects. The format of the document was reviewed and the five key policy areas introduced: (1) information and education; (2) health services; (3) access to contraception; (4) STIs and HIV/AIDS; and (5) abortion.

Gender, diversity and vulnerability, participation (especially of young people), a multisectoral approach, protection, monitoring and evaluation and quality (services, standards, and training to name a few) were mentioned as cross-cutting themes that recur throughout the document. Drafting the document had been a lengthy process, and the next steps involved finalizing the framework based on the feedback provided at the high-level consultation, developing a policy brief, briefing country officials and, finally, holding the official launch of the framework in Brussels in September–October 2007. In conclusion, the policy framework was meant to be seen as an inspirational document that would help inspire the future direction of SRHR of young people in Europe, a vision of potential possibilities not meant to be limited by current situations or realities.

Tuesday, 12 December 2006

Introduction to working groups: comments and suggestions on the draft of the policy framework on improvement of sexual and reproductive health and rights of adolescents in Europe

A representative of the IPPF EN introduced the questions for the groups regarding the five key policy areas. Each group was instructed to provide feedback on:

- the relevance and usefulness/understanding of the issues provided in the introduction of each key policy area;
- additional or missing information felt to be needed in each area; and
- aspects that were felt to be most challenging for implementation.

Plenary session – feedback from the working groups on the draft of the policy document

The overall impression of the document, reinforced by the reporters of all groups, was that it contained useful and valuable information and was seen as being beneficial.

The introduction sections of each policy area were well received as they were seen as a concise summary of each issue that could be presented to policy makers easily. Further emphasis on the diversity of the various social, cultural, economic and political environments present in Europe, however, and their impact on the SRHR of young people, was identified as a need. It was felt that the inclusion of best practices/evidence throughout the document in the key policy areas would be important as it would provide additional strength to each individual point. Furthermore, there was general consensus that more emphasis should be placed on the importance of data, indicators and cross-cutting themes.

It was suggested that the document be re-formulated and that key policy areas be regrouped into fewer points so that the most important key points would be emphasized more clearly.

Diplomatic language was encouraged as the present language used was seen to be aggressive. It was also mentioned that uncertainty existed as to the document's status and intentions: was it meant for governments, NGOs or policy makers? The framework, in its present form, was felt to represent more of a guideline or check sheet that would be particularly useful for NGOs or a call for advocacy, but less useful for governments in terms of actual implementation. Barriers to implementation of the policy identified by the groups included the legal frameworks within individual countries; lack of evidence or best practice in many of the key policy areas; and the capacity for sustainability given the lack of infrastructure and resources, especially in countries in transition.

Launch of the "Sexuality Education in Europe –A Reference Guide to Policy and Practices" and press conference

The Director, Division of Health Programmes, WHO Regional Office for Europe, chaired the launch and press conference, and provided an overview of the consultation meeting. He mentioned that the book launch provided an excellent opportunity to meet with the press and discuss the SAFE project.

The Regional Director, IPPF EN, introduced the book, explaining the purpose of the Sexuality Education Reference Guide, and emphasizing its significance within the wider context of the SAFE project. It was explained that sexuality education should focus primarily on three aspects: acquisition of accurate information; development of life skills; and nurturing positive attitudes and values. The reference guide consisted of comparative studies across 26 European countries and was meant as a helpful resource for policy makers that should enable them to share information across countries.

The Regional Adviser, Reproductive Health and Research programme, WHO Regional Office for Europe, emphasized the link between this particular project and other projects in the 53 Member States, such as the Network of Health Promoting Schools and implementation of the WHO European Regional Strategy on Sexual and Reproductive Health. The link between health and information, and education and communication, was of crucial importance to adolescent SRHR. She stated that the WHO Regional Office for Europe was increasingly being asked to

assist in the development of standards and guidelines for sexuality education by its Member States. While sexuality education is recognized as being an important factor in adolescent SRHR, the need for more operational research was also recognized as being significant.

The Executive Director, The Danish Family Planning Association, commented on the relevance of the publication to Denmark. He stated that the quality and availability of sexuality education was largely unknown or lacking. This reflected the absence of training for teachers and an approach to teaching that was neither systematic nor consistent. He emphasized that one of the challenges faced by sexuality education was that it was frequently felt that instead of providing knowledge and life skills it imparted moral codes and judgements. An advantage of the reference guide was that it provided opportunities for policy makers to unite and develop strategies and recommendations to ensure that the three key components of sexuality education reached youth, including those who were no longer at school.

During the launch, it was recognized by certain countries (Ireland, Norway, Sweden and the United Kingdom) that information regarding sexuality education published in the guide was either out-of-date or inaccurate. Discussions concerning the importance of providing accurate information and how to correct this discrepancy ensued.

Next steps in the SAFE project

The Regional Director, IPPF EN, summarized future plans for the SAFE project prior to its conclusion in September 2007.

The mini action projects dealing with vulnerable groups, which were ongoing in 11 countries, were in the process of organizing exchange visits between the various partners to share experiences and best practices learned.

Originally, after the launch of the Sexuality Education Reference Guide, the goal had been that various national partners provide assistance to individual countries in the implementation of comprehensive sexuality education programmes. It was recognized, however, that given some of the discrepancies identified at the meeting by individual countries pertaining to this topic, corrections and re-evaluations would need to be made before it was possible to proceed with this particular step.

Feedback from this meeting on the policy framework would be applied as a way of revising the document, including the potential for an additional consultation that would involve WHO and those members present at this meeting, prior to drafting the final version. Policy briefs would also be developed.

All final project work (fact sheets, policy framework, results of research, mini action projects) would be launched at a high-level conference and media event to be held in Brussels in September-October 2007.

The possibility of the creation of a SAFE website to ensure ongoing references and dissemination of up-to-date information on SRHR of young people was mentioned as a potential future step for the project.

The participants were assured that despite the approaching conclusion of the project, the IPPF EN would continue to focus on young people, using the SAFE project for the promotion of further research and activities in SRHR, and would continue to seek opportunities for networking, including the continuation of partnerships created at this meeting.

Closing session

The Regional Adviser, Reproductive Health and Research programme, WHO Regional Office for Europe, expressed heartfelt thanks to all participants, especially in view of the meeting's proximity to the holiday season. The commitment of the participants to the promotion of SRHR of young people in Europe was applauded and appreciated.

Final conclusions from the consultation were shared as follows:

- Young people are the key to our future and thus every effort must be made to work towards continued promotion of their SRHR within each Member State. Essential to this is the active participation of young people during all phases of the process.
- Projects such as the SAFE project play an integral role in the promotion of SRHR and there should be some method to ensure ongoing availability of information, especially to the SAFE databases.
- Despite recognizing that the policy framework, in view of the many varied interests present in Europe, was not intended to be a consensus document, it was felt that the document required revision, taking into consideration the individual roles/views of the partners and Member States and their impact/influence on the final document and its applicability.
- Much remained to be done to accelerate the advancement of SRHR. The need for accurate and up-to-date research was significant, including standardized reproductive health indicators and aggregated data to allow for comparisons across countries. In addition, there was an urgent need for operations research so that evidence to determine the best ways to achieve good SRHR for young people could be provided.
- An integrated, multisectoral approach, in addition to partnership building between key stakeholders, was essential in the promotion and sustainability of SRHR of young people. Meetings such as these provided the opportunity for fostering partnerships and sharing information and ideas where knowledge was either absent or lacking.
- A need for health to feature more prominently on the EU agenda. Given the lack of finances or resolve to address the behavioural and human rights issues of SRHR in Europe, the EU was identified as the primary resource having the capability/responsibility for addressing these issues through the provision of funds.

Annex 1

PROGRAMME

Monday, 11 December

08.30–09.00	Registration
09.00–09:30	Opening of the meeting <ul style="list-style-type: none">• N. Menabde, Deputy Regional Director, WHO Regional Office for Europe• D. Einarsson, Policy Officer and Member of the HIV/AIDS Task Force, Directorate-General Health and Consumer Protection, European Commission• G. Magnusson, Director of the Division of Health Programmes, WHO Regional Office for Europe• Objective of the meeting.
09:30–10:00	Overview on sexual and reproductive health of adolescents in Europe: G. Lazdane, Regional Adviser, Reproductive Health and Research, WHO Regional Office for Europe European Regional Strategy on Child and Adolescent Health and Development: M. Ostergren, Regional Adviser, Child and Adolescent Health, WHO Regional Office for Europe
10:00–10:30	Discussion
<i>10:30–11:00</i>	<i>Coffee break</i>
11:00–11:20	SAFE Project: V. Claeys, Regional Director, International Planned Parenthood Federation European Network.
11:20–11:40	European Commission policy on improvement of sexual and reproductive health: D. Einarsson, Policy Officer and Member of the HIV/AIDS Task Force, Directorate-General Health and Consumer Protection, European Commission
11:40–12:00	Discussion
12:00–12:15	Results of the research component of the SAFE Project: J. Liljestrand, Dept of Community Medicine, Lund University.
12:15–12:30	Discussion
<i>12:30–13:30</i>	<i>Lunch</i>

13:30–14:00	Examples of the policies on sexual and reproductive health of adolescents in countries participating in the SAFE project: <ul style="list-style-type: none">• Iceland• Bulgaria
14:00–15:00	Challenges in development and implementation of the policies in sexual and reproductive health and rights of adolescents (Group discussions in smaller groups – 6-7 per group).
15:00–15:30	Outcomes of the group discussions in the plenary session. Facilitator: V. B. Barnekow, Technical Officer, Child and Adolescent Health, WHO Regional Office for Europe
15:30–16:00	<i>Coffee break</i>
16:00–17:00	Presentation of the Draft of the Policy framework on improvement of sexual and reproductive health and rights of young people in Europe : E. Bennour, Director of Programme and Advocacy, IPPF European Network
19:00	<i>Dinner</i>

Tuesday, 12 December

09:00–09:15	Introduction to the working groups: Facilitator: E. Bennour, Director of Programme and Advocacy, IPPF European Network
09:15–10:30	Working Groups: Comments and suggestions on the Draft of the Policy guidance on Improvement of sexual and reproductive health and rights of adolescents in Europe.
10:30–11:00	<i>Coffee break</i>
11:00–12:00	Launch of the “Sexuality Education in Europe - A Reference Guide to Policy and Practices” and Press Conference Chairperson: G. Magnusson, Director of the Division of Health Programmes, WHO Regional Office for Europe
12:00–13:00	<i>Lunch</i>
13:00–14:00	Plenary session –Feedback from the working groups on the draft of the policy document. Facilitator: E. Bennour, Director of Programme and Advocacy, IPPF European Network
14:00–15:30	Plenary discussion: Ways to develop and implement policy on sexual and reproductive health and rights of adolescents in Europe Facilitator: G. Lazdane, Regional Adviser, Reproductive Health and Research, WHO Regional Office for Europe
15:30–16:00	<i>Coffee break</i>

16:00–17:00	Next steps in SAFE project V. Claeys, Regional Director, International Planned Parenthood Federation European Network Closing of the meeting
17:00–18:00	<i>WHO Reception</i>

Annex 2

LIST OF PARTICIPANTS

Austria

Dr Renate Fally-Kausek
Bundesministerium für Gesundheit und Frauen
Prävention und Gesundheitsförderung

Belgium

Dr Patricia Piron
Direction Générale de la Santé
Direction de la promotion de la santé
Communauté française de Belgique

Bulgaria

Dr Svetlana Spassova
National Health Policy Directorate
Ministry of Health

Cyprus

Mrs Chryso Gregoriadou
Member of the Surveillance Unit of the Medical and Public Health Services
Ministry of Health

Czech Republic

Dr Radim Uzel
Executive Director
Czech Family Planning Association

Denmark

Dr Jan Fouchard
Senior Medical Consultant, Ph.D.
National Centre for Health Promotion and Disease Prevention
National Board of Health

Estonia

Dr Iisi Saame
Chief Specialist
Public Health Department
Ministry of Social Affairs of Estonia

Finland

Dr Marjaana Pelkonen
PhD, Docent, Senior Officer
Health Promotion and Disease Prevention
Health Department
Ministry of Social Affairs and Health

Germany

Ms Angelika Hessling
Bundeszentrale für gesundheitliche
Aufklärung

Hungary

Dr Katalin Rapi
Deputy Secretary of State for Health Policy
Ministry of Health

Iceland

Professor Reynir Tómas Geirsson
Dept Obstetrics and Gynecology
University Hospital of Iceland

Ireland

Mr Fergal Goodman*
Principal
Community Health Division
Department of Health and Children

Ms Olive McGovern
Young Person
Health Promotion Unit
Department of Health and Children

Italy

Dr Giovan Battista Ascone
Senior Medical Officer
Department of Prevention and Communication
Ministry of Health

Latvia

Ms Ilze Stobova
Parliamentary Secretary
Ministry of Health

Ms Skaidrite Vasaraudze*
Head
Division of Family Health
Ministry of Health

Lithuania

Dr Ausrute Armonaviciene
Head of Mother's and Child Health Subdivision
Ministry of Health

Netherlands

Ms Maryse Kok
Policy officer sexual health
Ministry of Health
Department of Public Health

Norway

Mrs Ulla Leth Ollendorff
Senior Adviser
Department of Public Health and Welfare
Directorate for Health and Social Affairs

Poland

Dr K. Tomasz Niemiec
Head
Department of Obstetrics and Gynecology
Institute of Mother and Child

Portugal

Dr Emilia Nunes
Head of Health Promotion and Health Education Division
General Directorate of Health

Slovakia

Dr Michal Kliment
Slovak Health University

Spain

Dr Concha Colomer Revuelta
Spanish Observatory of Women's Health
Ministry of Health and Consumer Affairs

Sweden

Ms Maria Helling*
Desk Officer
UN/WHO/International Affairs
Ministry of Health and Social Affairs

Dr Viveca Urwitz*
Director/Head of Unit
Unit for National Co-ordination of HIV/AIDS Prevention
National Board of Health and Welfare

United Kingdom of Great Britain and Northern Ireland

Mr Dilwyn Sheers
Teenage Pregnancy Unit
Department of Education and Skills

Temporary Adviser

Ms Lisa Avery
Denmark

Representatives

European Commission

Mr Dadi Einarsson
Member of the HIV/AIDS Task Force
European Commission
Directorate-General Health and Consumer Protection
Directorate Public Health and Risk Assessment, Health Determinants Unit
Luxembourg

IPPF European Network

Liz Bennour
Director of Advocacy and Programmes
IPPF European Network
Belgium

Ms Vicky Claeys
Regional Director
IPPF European Network
Belgium

Ms Irene Donadio
Advocacy Officer
IPPF European Network
Belgium

Dr Christophe Goossens
Project Coordinator
IPPF European Network
Belgium

Ms Ennis Ruth
Irish Family Planning Association
Ireland

Mr Niall Behan
Chief Executive
Irish Family Planning Association
Ireland

Mr Bjarne B. Christensen
Executive Director
The Danish Family Planning Association
Denmark

Lund University

Dr Jerker Liljestrand
Professor
Department of Community Medicine, Lund University
Malmö University hospital, MAS
Sweden

World Health Organization

Regional Office for Europe

Dr Alberta Bacci
Regional Coordinator
Making Pregnancy Safer

Ms Vivian Barnekow
Technical Officer
Child and Adolescent Health and Development

Ms Dominique Gundelach
Editorial Assistant, Entre-Nous
Reproductive Health and Research

Mr Jeffrey Lazarus
Advocacy and Community Relations Officer
Sexually Transmitted Infections/HIV/AIDS

Dr Gunta Lazdane
Regional Adviser
Reproductive Health and Research

Dr Gudjón Magnússon
Director
Division of Health Programmes

Ms Hanne Matthiesen
Programme Assistant

Dr Mikael Ostergren
Section Head, Family and Community Health

Ms Isabel Yordi Aguirre
Technical Officer Gender and Health Issues

Appendix

Challenges in development and implementation of the policies in sexual and reproductive health and rights of young people: Questions for group discussion.

Question one: Which is the leading policy maker in your country in the area of sexual and reproductive health of young people?

Question two: Examples of the best practices in implementation of the policies in sexual and reproductive health of young people and factors that were most important to being successful?

Question three: Barriers in development and implementation of the policy in sexual and reproductive health of young people?

Feedback from working groups on the draft policy document: Questions for the working groups and discussion.

Question one: Do you consider the introduction regarding the key policy area to be relevant to your country situation, and helpful to the understanding of the issues?

Question two: What is missing from this key policy area, if anything? What additions would you like to propose?

Question three: Which aspects presented under the key policy areas do you see as being the most difficult to implement? Why? What support would you need and from whom?

Policy Area 1: Information and Education

In terms of the introduction, the following issues were raised:

- The addition of the word ‘communication’ to the title (education, information and communication), as it was felt that communication was an essential component in this area
- Inclusion of a paragraph on the role of the media and its influence on SRH and behaviour, perhaps including reference to the potential need for regulation
- It was felt that the role of parents should receive more focus and importance as they were felt to be as important as teachers in the field of sexuality education

The following comments were given concerning the key policy areas:

- Point (a (sexuality education in schools): the description should also mention the need for a set, regulated standard of sexuality education of, and for, teachers
- Point (d (diversity): it would be important to mention physically and mentally challenged individuals in this section, including the potential need for different education curricula for such groups
- there was no need to define values as “European” values, but that values was sufficient
- Point (k (quality): the position of this subject could be moved to the end of this section as all other statements in the policy area inevitably lead to quality
- Furthermore, this section should contain information not only on the provision of guidelines for sexuality education, but also on how to evaluate the effectiveness of sexuality education
- Point (m (public information campaigns): the addition of a statement concerning the need for repeatability of these methods for reinforcement of messages was recommended

- Points (n/o (multi agency partnerships/participation): the inclusion of a statement highlighting the importance of the involvement of young people was believed to be relevant for both these sections
- An additional key area that was felt to be absent from the document was that of support to parents and families to provide them with required education/awareness/skills to communicate with children about SRH issues.

Policy Area 2: Health Services

On the whole, the introduction was felt to be relevant, but it was felt that there should be an additional segment emphasizing the differences that exist within health services given the various European settings (i.e. centralized, decentralized, transitional States).

In terms of the key policy areas, accessibility and quality assurance were felt to be the most important subjects, but that an additional area should also deal with anonymity/confidentiality of services. With regard to the subject of vulnerable groups (point f), it was felt that more importance should be placed on this area in general, and that groups should be mentioned specifically, i.e. immigrants, migrants, adolescent males, sex workers, injection drug users and men who have sex with men. Comments were also made concerning the integration of health services, such as STI clinics, abortion services, contraceptive services, and that they should receive more attention.

It was also mentioned that the paper was seen to be more a guideline or check sheet that would be particularly useful for NGOs or those calling for advocacy, but in terms of actual implementation of less use to governments.

Policy Area 3: Access to Contraception

The introduction required greater emphasis on the following areas:

- Increased reflection of the diversity of the various social, cultural, economic and political environments present in Europe and their impact on access to contraception
- Mention the issue of broader health inequities (i.e. health and social determinants) and the impact of SRH on these aspects
- Clarification of the age groups
- Importance of integration of contraceptive services with other SRH services (the need for a more holistic approach in general) recognizing the advantages and disadvantages
- Stressing the importance of the essential and integral role that contraceptive services/contraception plays in relation to the prevention of STI's and pregnancy and the broader context of SRH as a whole

The discussion of the key policy areas brought up numerous points:

- Point (a (service provision): there was a need to clarify the type of contraception
- Point (c (range of contraceptives): the recommendation should emphasis not just contraception but rather a complete range of contraception, recognizing that the type suitable for each individual depended not only on physical development but also on their lifestyle/behaviours

- Point (d (variety of providers): this area was felt to be too vague and that more explanation was required to explain what was meant by the term “ reach” in the recommendation of “...reach vulnerable groups...”
- Point (f (emergency contraception): there was discussion about whether this should be a separate point or included in another point as some felt that it was a sensitive issue that might need to be presented in a more discrete manner
- Point (g (the attitude of service providers): more information needed to be given in order to clarify what would be considered appropriate referral
- Throughout the key policy topics it was felt that the importance of young people needed to be emphasized to a greater extent (i.e. their inputs into what type of contraception was preferred and the types of services preferred)
- It was mentioned that evidence for best practices in delivery of contraceptive services would be beneficial if included throughout the key policy points in this area.

Barriers were also identified:

- The legal framework of certain countries would perhaps prevent certain aspects from being implemented (i.e. distribution of contraception in schools)
- Due to limited financial resources, governments faced competing health priorities and thus contraceptive access might be given less importance
- Lack of evidence for best practices in this area might make it difficult to convince policy makers/governments about the importance of delivery of contraceptive services and how to best implement them.

Policy Area 4: Sexually Transmitted Infections and HIV/AIDS

It was recommended that the introduction be developed with more attention being given to the cross-cutting themes (gender, vulnerable groups, monitoring and evaluation, diversity), but gender was mentioned specifically as requiring more clarification/explanation. In addition, it was felt that the importance of prevention of STI's/HIV compared to the consequences of failing to do so should be mentioned and emphasized (i.e. cost-effectiveness, individual/ societal impacts).

Recommendations for possible amendments to the key policy areas included:

- Reformulating the structure with more of the text in the introduction and concise recommendations in the boxes to ensure that the key points were not lost in the text
- Provision of key indicators that could be used to help with monitoring and evaluation that could allow cross-country comparisons
- Greater emphasis on the HIV/AIDS indicators and monitoring, and separated from that of STI's
- Inclusion of the importance of training parents to be able to communicate with their children on these issues
- Recognition of the fact that young women and girls are not always most at risk of STI's/HIV/AIDS given the social, cultural, economic situation (i.e. in certain countries it is young men who are injection drug users)
- Increased emphasis on the need to empower both sexes in SRH
- Inclusion of HPV and cervical cancer as a key area topic (HPV vaccine, screening recommendations)

Identified barriers to implementation were:

- Creation and sustainability of the needed infrastructure
- Required education and training – who, what, where, how?
- Challenges of stigmatization associated with HIV/AIDS and how to address this

Policy Area 5: Abortion

The introduction was felt to be relevant to most countries. Areas that were felt to be missing and which should be included in this part included:

- The need for reliable, comparable abortion statistics/indicators
- Recognition that abortion was also performed on medical grounds and not just because of unwanted or unplanned pregnancy
- Inclusion of information about medical abortion
- The responsibility at all levels of government on this issue
- The need to acknowledge that abortion was still a very sensitive issue in many countries

Comments on the key policy area included:

- Point (b (gestational limit): inclusion of information about the gestational limits up to which abortion could be provided was needed. This was felt to be more appropriate than the current recommendation, as it was generally agreed that most abortion providers would not be comfortable making exceptions outside legal gestation limits
- Point (d (parental/adult consent): it was felt that this required more thought as it was extremely difficult to implement in practice
- Point (e (counselling): should be changed to say that counselling should to be offered to women who want it rather than need it. It was felt that “need” could be potentially pre-defined by someone else and thus result in counselling being forced on women
- Point (g (type of service provider): it was felt that this recommendation should be reworded to suggest that governments consider the possibility of training other relevant personnel to perform abortions in resource limited situations instead of saying “ensure” and not limiting the situation in which this would be done; even then, perhaps this should be limited to strictly medical abortions and not surgical abortions.
- Point (m (cost): the inclusion of both the private and public sector was felt to be relevant as many abortions occurred in the private sector and should also be cost free
- Point (o (gender issues and consent of the partner): this was felt to be important and therefore needed to have more substance in the text to highlight the significance of this issue
- The need to acknowledge that in certain countries legal frameworks exist that prohibit abortion but that information on the topic should nonetheless be provided.

The key issues felt to be potential barriers were:

- Social, cultural and political context of the various countries concerning abortion
- Legal issues concerning the need for consent and flexibility around gestational age
- Cost of provision of free services – Who should fund, what services should be funded (private and public vs. Public only?)
- Professional objections concerning abortion provision services (i.e. obstetricians/gynaecologists may not want to share this skill)
- The strength of the language was felt to be particularly problematic in this area