

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE EUROPEAN UNION (EU)

Present status and potential directions for advancement – report 2004

INTRODUCTION

The sexual and reproductive rights (SRR) of women of East Central Europe are being constantly challenged. This includes effective negating of women's right to reproductive health and self-determination. For example, while due to limited contraception options abortion is being used extensively by women from the region to control their fertility, there are continuing efforts to erode their right to legal abortion. This endangers the health and lives of the women. The contraceptive prevalence rate in the region is one of the lowest in the world. Safe motherhood programs tend to ignore the specific needs of rural women and women from ethnic minority groups, this in some cases leads to discriminatory practices. The region also has one of the fastest growing rate of sexually transmitted infections (STIs) including HIV/AIDS. HIV infections rates are highest among adolescents yet accurate sexual education is being denied to most adolescents and the collapse of basic public health systems throughout the region makes the containment of the HIV virus even more difficult.

This situation stands in a marked contrast to the situation of women in Western Europe . The countries of Western Europe have rapidly progressed in securing women's right to reproductive health care. The Netherlands , for example, have a very liberal abortion law and at the same time one of the lowest reported abortion rates in the world. This is due to a comprehensive reproductive health program that includes universal, accurate sex education in schools, and easily accessible family planning services. In addition, overall HIV/AIDS prevalence has risen only slightly in the countries of Western Europe and the availability and accessibility of antiretroviral treatment has decreased morbidity and mortality.

At a time when with the accession of new member states from Eastern and Central Europe to the European Union the European continent is unifying and moves towards adopting the EU Constitution, the divide between east and west on women's health is increasing. To narrow this widening gap, the EU must take a more active and intersectoral approach in ensuring that the sexual and reproductive health and rights (SRHR) of all of its citizens are promoted and respected. The EU has the authority through its various institutions and laws to ensure that all EU member states guarantee through laws, policies and practices the sexual and reproductive health and rights of their citizens. This paper presents three ways in which SRHR can be promoted in the EU: SRHR as a human rights issue, as a public health issue and as an equality issue. It examines relevant institutions and their directives and policies that can be used to promote SRHR. It also provides advocates with information on how to utilise these policies to advance SRHR in the EU.

HUMAN RIGHTS

The **Charter of Fundamental Rights of the European Union** (CFR-EU), 2000, can be utilised to advance SRHR. The Charter, drafted in 1999-2000, as yet carries no formal legal weight. It has been cited, however, as a non-binding illustration of fundamental and common legal principles and EU institutions have declared themselves to be bound by the terms of the charter. The preliminary draft of the Constitution of the European Union contemplates incorporating the Charter into the Constitution, which would bind member countries to follow the Charter's provisions when they act in the context of Community law, e.g. when they implement Community rules. [Ref. 1]

The Charter upholds many human rights that can be adopted for the SRHR field, for example: the right to respect for his or her physical and mental integrity (Art 3), respect for private and family life (Art 7), freedom of expression and information (Art 11) and non-discrimination (Art 21), equality (Art 23) and right to access to health care (Art 35). [Ref 35] The Charter reaffirms these rights as they exist in current treaties, including the European Convention for the Protection of Human Rights and Fundamental Freedoms, and in the case-law of the European Court of Justice and the European Court

of Human Rights. [Ref. 2] In addition, the **European Convention for the Protection of Human Rights and Fundamental Freedoms** (the Convention) is of great significance to EU member states as each member state is a party to this Convention and is thus bound by the provisions of the Convention. While each EU member state has ratified the Convention on an individual state level, the rights guaranteed in the Convention do not play a formal role in the EU institutions since the EU as a regional body has not been able to accede to the Convention. Protocol 14 to the Convention, however, when ratified, will explicitly allow for the European Union's eventual accession to the Convention. The Article of Protocol 14 was written in response to Article 7(2) of the EU Draft Constitution, which expresses the European Union's intention to respect all the fundamental rights guaranteed by the Convention and other treaties. Since the Convention was initially drafted with individual nation-states in mind, its language had to be modified for the European Union to formally accede to its terms. After the Protocol is ratified and the EU formally accedes to the Convention, the EU itself will be bound to respect the provisions of the Convention because EU institutions' actions will be subject to external judicial review by the European Court of Human Rights. Accession will also reaffirm the EU's general commitment to human rights standards that have been established under the Convention. [Ref 3]

Constitution, from December 2003, once it is adopted will provide further potential legal basis for the advancement of SRR. The Constitution describes the European Union as founded on and devoted to promoting the values of human rights, human dignity, liberty, and equality (Pt. I, Arts. 2,3). As it has been discussed, the CFR-EU is incorporated into the draft Constitution, comprising its second Part, thereby giving the human rights perspective a stronger legal basis within the Constitution itself. The draft Constitution provides individual citizens with means of redressing grievances against EU institutions and member states through the European Court of Justice (Part III, Arts. 270, 272, 274), the European Ombudsman. (Part I, Art. 48; Part II, Art. 43) and the European Parliament itself. (Part II, Art 44; Part 3, Art. 237) It needs to be also remembered that the draft Constitution contemplates the EU's accession to the ECHR, therefore allowing individuals to access the Court of Human Rights in addressing actions of EU institutions. Thus SRR could be enforced through the Constitution.

The role of the European Parliament in advancing human rights. The European Parliament has played an important role in promoting human rights and SRHR in particular. This role, however, has been primarily limited to advancing SRHR within the EU's development policy and has not been effectively applied to policies and practices within EU member states themselves.

ICPD Commitments. The European Parliament (EP) has also committed itself to the Programme of Action (PoA) of the International Conference on Population and Development (ICPD) throughout the past several years. In 1994 it passed a resolution supporting the ICPD PoA, and in 1996 another resolution supporting the implementation of the Cairo PoA. [Ref 4]

With regard to health (in particular dealing with AIDS) in development programmes, the European Parliament documents mention SRHR on several occasions. A policy framework 2002 to guide investment for Millennium Development Goals (MDGs) was established: The European Commission's approach emphasises the improvement of sexual and reproductive health and rights [Ref 5] and a commitment to the ICPD Programme of Action and to the MDGs of the UN, in terms of sexual and reproductive health and rights. [Ref 6] The Committee on Women's Rights and Equal Opportunities in the European Parliament has certain powers and responsibilities in the European Parliament. Its responsibilities include the evaluation and implementation of women's rights in the Union, and follow-up and implementation of international agreements and conventions involving the rights of women. [Ref 7] In June 2002, Anne Van Lancker, MEP, (Rapporteur) presented a report from the Committee on SRHR to the plenary session of the EU Parliament. The starting point for the report by Ms Van Lancker focused on the commitments made by the EU to the outcomes of Cairo and Beijing conferences. The report outlines the issues and calls for EU member states to ensure safe and legal access to abortion and comprehensive sexuality education, amongst other issues. It also urges an EU SRH policy and provides policy recommendations. [Ref 8] The report was adopted by the Parliament and the EP has introduced important policies for the promotion of SRHR in developing countries. No policies, however, have been adopted for the EU countries themselves.

In February 2004, Karin Junker, MEP, (Rapporteur) presented a report on population and development that was adopted by the European Parliament 10 years after the UN Conference in Cairo. The report recalls the issues and actions committed to which commitments were made in Cairo, and

calls on the EU and its member countries to undertake widespread campaigns to fulfill the promises of ICPD by emphasizing the importance of reproductive health in development policy. The report urges the EU to improve the coordination of donor countries, increase aid allocated for SRH-related programs, and create a long-term framework for attaining the Cairo objectives by 2015. Among the many areas targeted are sex education programs, campaigns that emphasize individuals' right to self-determination in matters of sex, programs to ensure access to contraception, and the funding for treatment programs for HIV/AIDS and other sexually transmitted diseases. [Ref 9] Citing the grave consequences of illegal and unsafe abortions, the report calls for the availability of "legal and medically safe interventions" for women in need, and asks the EU to engage the U.S. in debate on, and encourage the rescission of, the Mexico City policy.

Most recently, MEP Véronique de Keyser, presented her report on human rights in the world, which also included issues related to SRHR, to the EP Committee on Foreign Affairs. . The report was initially rejected by the Committee by 20-19 votes, on 16 March 2004, due to the opposition to the status of sexual and reproductive health as a human rights issue. Later, however, after extensive lobbying, the report was adopted in a full plenary session. When addressing reproductive rights, the report focuses particularly on the EU's distribution of its development aid, calling on member states and EU institutions to recognize the importance of reproductive health in formulating development strategies. It calls on the EU and its members to fund health projects and educational programs dealing with aspects of reproductive health such as female genital mutilation, family planning, and HIV prevention. This is a very important report, as it is the first time that the EP Foreign Affairs Committee addressed SRHR in general and SRHR as a human rights issue in particular. [Ref 10]. Unfortunately, the European Parliament rejected at plenary its Annual 2003 report on the situation as regards fundamental rights in the EU reportedly over controversy about abortion and the rights of same sex couples.[Ref11].

Advocating from Human Rights approach

- **Human rights law requires governments to take affirmative measures, including adopting and enforcing appropriate laws and policies to protect its citizens from violations of human rights.**
- **EU framework is clearly extending into the area of human rights, which include sexual and reproductive rights. For example, the Charter of Human Rights of the EU will be an integral part of the new Constitution and once Protocol 14 of the European Convention is adopted the EU will be bound by the European Convention on Human Rights.**
- **There are contradictions between established policy with respect to international development in the area of SRHR, and internal EU human rights policy. The former explicitly recognized the ICPD Programme of Action as integral to the EU development policy, while the latter does not explicitly do so. This was recently illustrated by the contradictions in the EU Parliament's human rights reports. Progressive language and policies already in place at international development policy level should apply to the EU member states policy as well.**
- **As countries of Eastern Europe undergo a transition into market economy and integrate into the European Union, their commitments to and obligations under international and regional law and policy must be demonstrated and strengthened. In fact, the EU requires stable democratic institutions, the rule of law and human rights, as prerequisites for its membership.**

PUBLIC HEALTH

The EU has no explicit health policy or legislation on Sexual and Reproductive Health (SRH) nor Sexual and Reproductive Rights (SRR). **Health policy** in general is so high on national political agendas that most governments do not want the Union interfering into it. This is especially true for the field of sexual and reproductive health and rights.

The **Maastricht Treaty of 1992** changed the European Economic Community, which until then had been an almost entirely economic body, into the European Union - a more politically oriented union

that allowed for some compromise and cooperation in areas that were earlier the clear prerogatives of national governments. As one aspect of this greater degree of political integration, the Maastricht Treaty included a mandate of "encouraging cooperation between member states" and if necessary "lending support to their actions" in **public health** (article 129(1)). This mandate was considerably strengthened in the **Amsterdam** Treaty of 1997, the latest in the evolving array of intertwined European Union treaties directed towards greater economic and political integration. The Amsterdam Treaty revised the EU's powers over health policy. Article 152 (1) of the Amsterdam Treaty, now charged the EU to ensure "a high level of human health protection" in the definition and implementation of all union policies and activities and to work with member states to improve public health, prevent illness and "obviate sources of danger to human health" (i.e. health promotion and disease prevention).

However, the EU continued to be mandated to fully respect the member states' responsibilities for health services and medical care. **Community action in the field of public health shall fully respect the responsibilities of the Member States for the organization and delivery of health services and medical care.** (Article 152(5)) Harmonisation of health legislation is still not allowed, with some exceptions including quality and safety of blood and organs, the surveillance and reporting of communicable disease outbreaks by member States, and food safety standards. [Ref 12]

In 1993 the European Commission, presented a Communication on the Framework for Action in the Field of Public Health as an initial strategy document to fulfil the health-related goals set out in the Maastricht Treaty. On this basis, eight action programmes on health promotion, cancer, drug dependence, AIDS and other communicable diseases, health monitoring, rare diseases, accidents and injuries, and pollution-related diseases, were formulated. Initially, the health-related programmes were administered and funded through the Employment and Social Affairs Directorate-General, these programmes later shifted to the Health and Consumer Protection Directorate General. In 1997, under the policy, the Commission published a , with the aim of giving an overview of differences and similarities within and between the Member States and [Ref 13].

The report includes a paragraph on 'special issues in women's health' where 4 out of the 5 topics are RH- related. They include: 1. AIDS ("preventive interventions aimed at women have in general been limited") .2. Menopause 3. Violence against women ("it is now recognised that violence against women by a male partner is the most endemic form of violence"), and 4. stating that the "availability of contraceptives and abortion are important issues for women of reproductive age". [Ref 13] In 2000, the European Commission's **Report on the State of Young People's Health in the European Union** included sexual and reproductive health of young people. This paper, a "Commission services working paper," primarily provides an empirical description of current situation and demographic trends in health-related issues among European youth under the Commission's health monitoring policy. The paper's language does not assume an overtly rights-oriented perspective, though its observations are intended to form the basis of healthcare policy in the EU and thus do implicate reproductive health policy concerns. The report gives a country-by-country account of trends in abortion rates. Observing the limited information available on STIs including HIV rates among young people, it finds a need for careful monitoring of infection trends to implement prevention efforts. The report also takes note of trends in sexual activity, such as the earlier initiation among youth and, increasing use of general oral contraceptive and condom use. [Ref 14]

On 23 September 2002, the European Parliament and the Council adopted the '**Programme of Community Action in the Field of Public Health (2003-2008)**,' based on a proposal of the European Commission [Ref 15]. This programme is directed towards fulfilling Article 152 of the Maastricht Treaty, which calls on the European Community to implement policies that prioritize a high level of health protection among its citizens. The programme is scheduled to run from 1 January 2003 to 31 December 2008, and will aim to protect human life and health and improve public health in the Member states by increasing cooperation and coordination among these states and non-governmental organizations (NGOs). It is also open to the associated non-member states in Eastern and Central Europe, Cyprus, Malta, Turkey, and the four EFTA/EEA countries.

The new programme is an inter-linked and integrated approach that would work towards three general objectives, primarily by funding initiatives proposed by government agencies and NGOs: (1) improving the state of public health information, (2) enhancing rapid reaction to health threats, and (3) promoting

health by addressing health determinants. To achieve the first objective, the programme will involve numerous information-related activities: e.g., collecting and disseminating of health-related demographic information (including data related to sexual behaviour and the effect of social inequality on health); monitoring potential epidemiological health threats; and facilitating the exchange of information on health related policies, practices and technologies between EU institution, participating states, stakeholders, and NGOs. To enable the rapid reaction of the EU and states to health threats, the programme contemplates information-sharing programs, common training and capacity assessment programs, and expanded programs to ensure the safety and quality of donated organs and blood, among other activities. In addressing the health determinants' aspect of the program, the programme will implement public awareness campaigns on issues such as drug use, mental health, and physical activity, study the effect of socio-economic determinants on health, and foster the exchange of information on various health-promotion strategies between the states. As far as reproductive rights are concerned, it is important that the decision adopting the program recognizes the importance of addressing gender and sexuality during collection of the EU demographic data, develops strategies for reducing disease threats, and addresses background factors influencing public health.[Ref 15]

Paragraph 2 of the 'Content of Activities' states:"Additionally, the ad hoc working party on AIDS is instructed to improve the HIV-related technical safety requirements for organs, tissues, semen and blood, and to develop further the exchange of information on the results of the evaluation of national prevention measures, including information campaigns, and on problems **which may concern women** or certain specific categories of individuals." [Ref 16]

In October of 2002, European Commissioner for Health and Consumer Protection David Byrne set out a vision for a **Europe of Health** (a name for the goal of the Programme of Community Action) in a speech delivered at the European Policy Center in Brussels. This speech elaborated and explained the Programme of Community Action as a shift from a project-based to policy driven approach to public health in the EU. Commissioner Byrne described the activities of the Programme as strengthening work on addressing health threats, including the creation of a European Centre for Disease Control (ECDC) by 2005, developing cross-border co-operation between health systems and tackling health determinants using all powers the Community has at its disposal. This system would be developed on the sound data basis provided by the Community's health information system. [Ref 17]

In August 2003, as part of the EU Community health monitoring programme, the commission published 'Reprostat.' 'Reprostat' evaluates available RH indicators and proposes a harmonized and functional set of indicators that would allow meaningful comparisons of inconsistent data sets collected in different countries in the EU. According to the introduction to the report, the data collected can be used for the development of policies and programmes aimed at improving the SRH of EU citizen, for monitoring and evaluation of progress and for making comparisons among EU members and different groups in the member states. The contributors to 'Reprostat' propose for sexual health data to be collected as an integral part of the 2006 EU-wide general health survey, and that the EU should focus on collecting data relating to sexual health in its youth health surveys. [Ref 18]The **EU Health Forum** is a key element of the Commission's new strategy. It provides a platform to enable different stakeholders in the health field to have an input into policy formation and make their views known. The Health Forum has three elements of which the Open Forum and the Virtual Forum provides a platform for communication with the wider health community, while the Health Policy Forum is set up in order to discuss key policy areas.

The latter is made up of 40 permanent and 20 non permanent members from different health organization including NGOs or Not-for-Profits in the public health field, health insurances, health professionals and service providers. It offers an opportunity for those organizations to make contributions to health policy development, its implementation and the setting of priorities for action. [Ref 19]

Another approach constitutes the so-called 'Open Method of Coordination'. The aim is to achieve some degree of harmony between EU states' policies through mutual learning, based on exchange of best practices, data comparison etc. As MEP Anne Van Lancker suggested in a speech in July 2003,

this horizontal policy approach could be applied in development of both Sexual and Reproductive Health policy and a Sexual and Reproductive Rights-based strategy in the EU. [Ref 20]

Advocating from Public Health Approach

- **The recently strengthened Commission on Public Health should take into account the public health aspects of SRHR. Article 152 of the Treaty of Amsterdam states that "a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities (...) Community action, which shall complement national policies, shall be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health". SRHR can be dealt with under 'human health protection', as issues relating to SRHR such as access to safe abortion and the intersection between HIV/AIDS and reproductive health clearly impact the public health. The existing policies on HIV/AIDS can especially be used as a lever to advance SRHR.**
- **A vital part of the PH strategy is to contain threats to the health of its citizens such as for example communicable diseases: "Communicable diseases do not respect national frontiers...". R&SH, including abortion are also border-crossing issues (e.g. 'abortion tourism', sex trade, trafficking in women and girls, and other forms of domestic violence). It is not just an issue confined to the borders of each individual member state.**
- **The EU Health Forum, as a key element of the new strategy, should be open to participation by organizations advocating in support of SRHR throughout Europe**

EQUALITY

The Amsterdam Treaty provides a strong legal basis for Community action in favour of equality between women and men by making equality a task, a principle and a goal of the Community, as specified in Article 2 ('to promote throughout the community (...) equality between men and women') and Article 3 ('the Community shall aim to eliminate inequalities, and to promote equality, between men and women.') of the EU Treaty. Further, article 13 states: 'take appropriate action to combat discrimination based on sex') [Ref 21] Articles 21 and 22 of the EU Charter of Fundamental Rights guarantee equality before the law and prohibits discrimination in general; Article 23 of the Charter makes a specific guarantee of equality between the sexes, though it makes an exception for remedial measures. The Draft European Constitution, into which the Charter is incorporated, lists, in Article 3(1), equality between the sexes as one of the Union's central objectives.

The **Directorate on Employment and Social Affairs** deals most expressively with gender and equality, though due to the origins of the EU, it mostly focuses on work and employment related issues. This meant that, when setting social policy geared towards the inclusion of socially marginalized groups, the foremost concern of the Directorate is economic inclusion. Consequently, the Directives issued by the Commission and dealing with gender equality are all concerned with women's access to employment and equal treatment in the workplace. This is not to say, however, that economic inclusion is the only concern of the Directorate: for example, in considering issues linked to the long-term promotion of gender equality, the Directorate singles out violence against women as a matter of particular concern. [Ref 22] Unlike in the area of Public Health, the Directorate of Employment and Social Affairs has issued a number of legally binding 'Directives' to Member states that could have impact on SRR, for example: equal treatment in employment and occupation, equal pay, equal opportunities, burden of proof in cases of discrimination based on sex. [Ref 23]

In March 1999 the Commission presented its 1998 "Annual Report from the Commission: Equal Opportunities for Women and Men in the European Union" in which it charted the main developments and trends in equal opportunities policy at European and national levels in 1998. The Report emphasised the issues which were perceived as important in 1999 and in the new approaching

century. One of the programmes resulting from this report was 'Combating violence, sexual exploitation and trafficking of women' dealing mainly with trafficking of women and children. One of the sub-programmes ('Daphne') primarily funds NGO projects in Member States in the area of violence against children, young persons and women that promote networking between organizations working on these issues, sharing of effective practices between them, and general awareness raising about these issues. [Ref. 24] After an evaluation of the first phase to 2003, Daphne II has now been approved for 2004-2008, which is designed to prevent violence against women and children and to protect victims and at-risk groups.

The evaluation report identifies the following trends:

- Sexual violence in all its forms leads in terms of the projects financed by the programme. It is followed by gender/family-related violence, internet pornography and violence against children;
- a majority of projects deal with prevention of and protection against violence, but other important goals such as legislative measures and treatment of victims and offenders are also present;
- as for the methods used to implement the objectives, the most important is networking, followed by dissemination of good practice, production of materials, awareness-raising and training.

The **Community Framework Strategy on Gender Equality** (2001-2005) aims to develop a strategy towards gender equality within the EU and, to a lesser extent, in developing countries through EU development strategies. In this context the strategy text lists as key aspects of policies the commitment to the Platform for Action adopted at the Fourth UN World Conference on Women in Beijing, the promotion and protection of human rights of women, and the strengthening of the Amsterdam Treaty on equality between women and men. One of the objectives of the framework strategy is to 'Promote Equal Access and Full Enjoyment of Social Rights for Women and Men' which includes policies influencing the **daily life of women and men** in such areas as transport, public health, and external relations/human rights policies. [Ref. 25] On the programmatic level, the operational objectives include the monitoring of the integration of gender perspectives in Community policies and activities influencing the daily life of women and men. Suggested concrete actions are, for example: mainstream gender equality, within the areas of social protection and mainstream a gender perspective in all Community measures to prevent and combat social exclusion. Aside from parental leave, however, and maternity protection in EU Member States, reproductive rights are only mentioned for actions in the area of development cooperation: in this latter area, the Strategy call on the EU to "support actions and programmes which facilitate equal access of women and men to nutrition, education, health care, reproductive rights, property and justice." [Ref 25]

The directorate has also recently prepared an 'Option Paper' to get different parties to participate in the 'Simplification and improvement of legislation in the area of equal treatment between men and women'. [Ref10] The Directorate's "Equal Opportunities for Women and Men in the European Union: Annual Report 2000" focuses on gender perspective in EU human rights policies, both within the EU and in the EU's development policies. The Report also examines equality in the EU enlargement process, in particular monitoring acceding States' compliance with various gender equality related EU Directives concerned, for instance, with equal pay, parental leave, and the protection of maternal health. [Ref 26]

Advocating from an Equality Perspective

- **The DG for Employment and Social Affairs' work and directives relate to equal opportunity and avoiding discrimination. Thus, an opportunity exists to emphasize that denying or restricting access to health care that is specific for women, e.g. family planning including abortion, is a form of gender discrimination. Sexual and Reproductive Rights, the foundation for women's selfdetermination over their bodies and sexual lives, are critical to women's equality and to women's full participation in all aspects of life, including civil, political and economic life.**
- **The Community Framework Strategy on Gender Equality includes the commitment to the Platform of Action of the World Conference on Women in Beijing. The Beijing**

Platform of Action recognizes that the protection of women's sexual and reproductive health and rights is essential for women's ability to participate equally and fully within all spheres of society (para. 92). It recognizes that "the human rights of women including their right to control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health free of coercion, discrimination and violence." (para 96)

CONCLUSION

Human rights are an integral part of the EU legislation, and therefore could be effectively used to advocate for the promotion and protection of sexual and reproductive rights. Given the advancement and commitment to **public health** issues, as well as the attempts to make this area more accessible to the public through open forums etc., women's rights groups could engage stronger in advocating for the freedom (or right) to control one's fertility in terms of the freedom or right to choose any medical intervention to ensure one's good health, physical and mental integrity, and the right to privacy, (see CFR-EU). The argument referring to being in charge of one's own fertility or reproduction can also be brought forward in issues concerning **equal opportunities and gender equality in employment**: women's economic and employment status is so closely tied to women's ability to decide for themselves whether and when to have children, and to their access to information and means facilitating their reproductive decisions. There is also a strong case for advocacy to bridge the gap between policies in **development cooperation**, especially with regard to reproductive rights, and the national policies of member states. The EU thus, has many opportunities to address and advance SRHR. It is important to stress, however, that an inter-sectoral approach will be most effective as SRHR issues are complex and will only be effectively addressed if all the relevant EU institutions acknowledge their responsibility to tackle SRHR and coordinate efforts to advance and promote SRHR in the European Union.

ASTRA recommendation on policies and programs of the European Union in the area of sexual and reproductive health and rights:

In order to best address the challenges facing women's health and to advance human rights in the expanding European Union, sexual and reproductive health and rights must be recognized as part of the mandate of the European Union. In order to do so, ASTRA recommends the following to the European Union institutions mentioned in this paper and to all other interested and concerned persons working in and with the EU:

- Increase political will within in the EU structures and in European Union Member States and accession countries to recognize that the Union has a mandate and responsibility to address SRHR issues within its entire territory.
- Apply the existing directives, policies and programmes of relevant EU bodies, particularly those addressing human rights, public health and equality to sexual and reproductive health and rights in the EU.
- Strengthen SRHR by developing policies, programmes and directives that explicitly address, in a multi-sectoral approach, and throughout all relevant EU bodies and institutions, SRHR issues in the European Union.

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