

CLOSING THE GAP ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE ENLARGED EUROPEAN UNION

Introduction

Despite the European Union (EU) enlargement there is a significant and growing difference between the status of women's sexual and reproductive health and rights (SRHR) in both: new member states of the EU¹ and accession countries², as well as 'old' member states³. The reproductive health in new member states and accession countries is similar to the situation in other countries of the Central and East Europe (CEE)⁴. For instance, in many countries of the CEE region due to limited contraceptive options, abortion is used as the primary method of fertility control. Many women are still denied the access to modern contraceptives methods due to financial inaccessibility, lack of information or because they receive misleading information. Accurate sexuality education as well as access to reproductive health services is also limited as a result of growing influence of conservative forces, including the Catholic Church. Moreover, sexually transmitted infections (STIs) including HIV/AIDS rates have dramatically risen in some of the countries of the region. Experts predict that this crisis is likely to spread to other CEE countries if no effective prevention programs are implemented.⁵ This stands in marked contrast to the situation in majority of the 'old' EU member-states, where there are significantly lower HIV/AIDS, teen pregnancy and abortion rates. This is a result of accessible sexual and reproductive health services and information, including subsidized contraceptives, accurate and unbiased sexuality education in schools, and information and services aimed at preventing transmission of STIs.

The growing inequality between east and west in Europe in the area of sexual and reproductive health and rights must be addressed by the EU the same way that gender discrimination in employment is addressed: with comprehensive programmes, policies and laws. Access to sexual and reproductive health care services and information are critical to ensuring women's equality in all aspects of life. EU laws and policies must protect and advance women's sexual and reproductive rights including securing women's access to basic health services, such as contraception, abortion, education and safe pregnancy. They also must respect women's ability to exercise their reproductive choices without coercion, discrimination or violence.

It is critical to keep in mind that new EU member states and non-EU member states from the CEE region have similar SRHR concerns. Due to these similarities it is important that the SRHR issues of non-EU countries from the CEE region are carefully addressed in the EU development and other cooperation policies. In addition, many of the SRHR are cross-border issues, thus, not only must the EU address SRHR concerns within its borders, but it also must focus on the neighboring non-EU countries. Further, EU must ensure that the EU development policies continue working toward promoting and guaranteeing sexual and reproductive health and rights in non-EU countries.

In several documents governing its international development policy the EU has recognized⁶ that an effective approach to SRHR is needed in order to reduce poverty and maternal and child mortality rates, to prevent STIs (including HIV/AIDS) and to promote women's rights.⁷ However, progressive SRHR language and policies which are already in place at the European Union's international development policy level have been generally missing in internal European Union and Member States programmes and policies.⁸ Reducing inequalities between citizens of new and old EU member states, between the EU and its CEE neighbors and between men and women will require a concerted effort by the EU to address sexual and reproductive health and rights issues. If the EU fails to do so, its guarantee of equality will not be sustainable and the growing health inequality between east and west will strengthen. This paper consist of three parts: first it sets forth recommendations to the EU on addressing SRHR; and then outlines a general framework for health protection in the EU, especially as

it pertains to SRHR and finally addresses some of the SRHR challenges in the CEE region and the mandate the EU has to address each of these issues.

Recommendations

- Strengthen SRHR issues in the EU by developing adequate and explicit multi-sectoral approach policies, programmes and directives within all relevant EU bodies and institutions,
- Recognizing that HIV/AIDS, abortion, violence against women, etc. are cross-border issues, and the EU institutions and all member states through their policies and programmes should guarantee access to affordable, quality reproductive health services and modern family planning methods;
- Continue developing policies aimed at promotion of SRHR and to use best practices from implementation of such policies in the promotion of SRHR within the EU;
- Effectively apply existing EU gender equality policies and programmes and extend them to the area of SRHR.

GENERAL FRAMEWORK OF HEALTH PROTECTION WITHIN THE EUROPEAN UNION (EU) RELATED TO SRHR

One of the challenges in recognizing SRHR within internal EU programmes and policies has been that SRHR have been viewed solely as a health issue and as such has effectively fallen outside the governance of the European Union, as most health issues are considered to be within the domain of individual member states. Hence while the EU Constitution (Article III-278) states that a “high level of human health protection should be ensured in the definition and implementation of all Union’s policies and activities”¹, it also mandates that the Union fully respect the member states’ responsibilities for health services and medical care. The EU Constitution states that “Union action shall respect the responsibilities of the Member States for the definition of their health policy and for the organization and delivery of health services and medical care”. (Article III-278(7)). The EU actions in the areas of health are seen as complementary to the national policies and mainly involve coordination of the Member States activities in order to improve public health, prevent human illness and diseases, and obviate sources of danger to human health (i.e. health promotion and disease prevention).¹⁰ As a result, harmonisation of health legislation is not within the EU’s governance, with only exceptions being the broad interest of public health, including quality and safety of blood and organs, the surveillance and reporting of communicable disease outbreaks by member States, and food safety standards. SRHR is not considered a public health issue.¹¹ This approach ignores the broader public health concerns which are necessarily involved in some SRHR issues and which have been not only recognized but also established principles of the EU. Moreover, it does not recognize the inherent human rights aspects related to these issues, including rights to equality, physical and mental integrity and privacy which are all protected in various documents and programmes of the European Union. **Constitution**

The EU Constitution states that the Union’s values include respect for human dignity, liberty, democracy, equality, the rule of law and human rights. These values are “common to Member States in a society in which [...] non-discrimination, tolerance and equality between women and men prevail”.¹² Several human rights stated in Part II of EU Constitution “the Charter of Fundamental Rights of the EU”, can be used in advocating for SRHR issues. In particular, the right to respect for his or her physical and mental integrity (Art II-63), respect for private and family life (Art II-67), non-discrimination (Art II-81), equality (Art II-83), and right to access to health care (Art II-95). 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.¹³ The Union respects human rights and it should also respect reproductive rights which have been recognized as human rights by the global community, including the European Union and all of its Member States.¹⁴ It is critical to note that while the Constitution of the European Union and other basic documents recognize human rights as part of the fundamental basis of European Union protection, some provisions in directives and other legally binding and non-binding EU documents actually contradict

human rights principles by explicitly or implicitly separating out some SRHR issues from European Union protection. Some examples of these contradictions are described below.

Parliament

The European Parliament in its resolution on the follow-up to the Beijing Platform for Action urges for “specific attention be paid to the right to reproductive health” and calls on Member States to “prevent the increasing number of teenage pregnancies by making contraceptives more widely available to young people, making more use of information campaigns and improving the quality and accessibility of sex education”.¹⁴ In June 2002 the European Parliament adopted the report on sexual and reproductive health and rights¹⁶ where it recognized that “women and men should have the freedom to make their own informed and responsible choice in regard to their sexual and reproductive health and rights.”

The European Parliament in its resolution on the follow-up to the Cairo ICPD has reaffirmed that “freedom of choice regarding reproduction is a fundamental human right and has condemned any discriminatory and directly or indirectly coercive or violent policy of family planning”.¹⁷ In its resolution on population and development that was adopted 10 years after the Cairo ICPD the European Parliament has called on the EU, its member states and the accession countries “to meet in full the commitments that they gave with regard to the implementation and the financing the Cairo Programme of Action, including easy and affordable access for all young people, women and men throughout the reproductive phase in their lives to high-quality health services for the protection of their sexual and reproductive health and of their right to decide equally, freely and responsibly in this field”.¹⁸

Commission and Council

Reproductive and Sexual health has been identified as one of the health determinants belonging to priority areas of EU health program for 2004.¹¹¹⁹ This program complements national health policies and is aimed “to protect human health and improve public health” through improving information and knowledge about public health, enhancing the capability of responding rapidly and in a coordinated fashion to threats to health and through promoting health and preventing disease.²⁰ It also contributes to ensuring a high level of human health protection in the definition and implementation of all Community policies and activities, through the promotion of an integrated and intersectoral health strategy” and “tackling inequalities in health”.¹ ²¹ The program describes actions and activities that should be implemented in order to pursue its general objectives mentioned above. The former European Commissioner for Health and Consumer Protection, Mr David Byrne, has emphasized that “the EU needs to help citizens make informed choices about their health”.²² All health-related activities of the EU must enable a greater involvement of individuals in decisions making related to their health.²³

The Health Ministers of EU Member States and its neighboring countries declared in 2004 in the “Vilnius declaration” their willingness “to recognize the fundamental factors of equality between women and men, girls and boys and respecting the right to reproductive and sexual health, and access to sexuality education, information and health services as well as openness about sexuality.”²⁴ A Council resolution has also noted that it is crucial for the process of European construction that young people are closely associated with the policies which concern them.¹²⁵ This resolution encourages Member States to “seek a high level of health protection for young people and develop preventive health care and information, particularly on contraception and sexuality, taking into account their specific needs and the requirement of confidentiality, and on substance abuse”.¹²⁶ Noteworthy is a Ministerial Declaration agreed upon at the Conference of Ministers of Gender Equality which recognizes the human rights and gender equality aspects of SRHR. Specifically, Ministers from EU members states agreed that “gender equality cannot be achieved without guaranteeing women’s sexual and reproductive health and rights, and reaffirm that expanding access to sexual and reproductive health information and health services are essential for achieving the Beijing Platform for Action, the Cairo Programme of Action and the Millenium Development Goals;”

CONTRACEPTION IN CEE

Prevalence of modern contraceptives methods in CEE is 36% as compared to 71% prevalence rate in Western European countries.²⁸ Modern contraceptives, in particular hormonal contraception, remain inaccessible for most of the population because of their high cost.²⁹ Moreover, health care providers often have misconceptions about modern contraceptives methods and thus either misinform their patients or are reluctant to discuss contraceptive options with them. Often this is related to the personal religious views of the health care providers. In Eastern Europe 63% of the 11 million pregnancies that occur each year are unplanned.³⁰

Hormonal contraceptives are often very expensive and are either not fully covered by insurance or not covered at all. For example, in 1998, the Ministry of Health in Poland withdrew subsidies for five out of eight oral contraceptives that had been previously subsidized. The three remaining subsidized contraceptives are partially financed from health insurance, but all of them are quite outdated in terms of having unnecessarily high levels of hormones.³¹ The non-subsidized contraceptives are too expensive for an average person.³² In addition, contraceptive sterilization is illegal in Poland.³³ In Slovakia, hormonal contraception including emergency contraception is not covered by medical insurance. Emergency contraception is available only with prescription.³⁴ In Belarus, oral contraceptives are expensive and therefore less accessible to most women.³⁵ Two main methods of fertility control in Belarus are clinical abortion and IUDs.³⁶

Lack of access to accurate information and financial means to access appropriate contraceptives has led to high rates of unwanted and unplanned pregnancies resulting in abortion, many of which are done in unsafe conditions threatening women's life and health.

CONTRACEPTION IN THE EU

The European Union has recognized some of the problems within it with regards to access to contraceptives. Concrete actions, however, need to be taken to address these problems.

While the directive relating to medicinal products for human use (which should include hormonal contraceptives or medical abortion) seeks to encourage trade and eliminate disparities in medicinal products within the European Union, it has an explicit provision barring its application to any national legislation which prohibits or restricts sale, supply or use of medicinal products as contraceptives and abortifacients.³⁷ Yet, the European Parliament in its resolution on the follow-up to the Cairo ICPD has recognized the right of all individuals to be able to choose voluntarily how many children to have and when.³⁸ It has called for "actions to prevent the increasing number of teenage pregnancies by making contraceptives more widely available for young people" in the EU as well as outside the EU.³⁹ It has acknowledged that "a good access to all forms of contraception would reduce unwanted pregnancies and sexually transmitted diseases."⁴⁰

Condoms in particular, have been recognized by the EU Commission as the most effective method of preventing sexually transmitted infections, including HIV.⁴¹ At the same time the EU Commission has confirmed that distribution of condoms within the EU "is still patchy, supplies are erratic and prices vary".⁴²

The European Parliament in the report on SRHR recommends the member states and the Accession countries "to ensure that women and men can give their fully informed consent on contraceptives use, as well as on fertility awareness methods."⁴³

ABORTION IN CEE

Although in theory abortion is legal in CEE countries there are various restrictions in law and in practice, which make abortion services inaccessible and which drive women to undergo illegal and thus, unsafe abortion, putting their health and lives at risk. Moreover, the anti-choice groups and the Catholic and Orthodox churches continue in their efforts aimed at making abortion less accessible. For example, a draft Treaty between the Vatican and Slovakia on conscientious objection has recently been introduced by the Slovak Ministry of Justice.⁴⁴ If ratified, it will restrict access not only to abortion services, but also to all contraceptives, and assisted fertilization. Further, the information about these services and sexuality education will also be restricted. Because of the lack of access to information and contraceptive services, in many countries of this region, in particular in Russia, Ukraine, Moldova, Georgia, women do not have the means to prevent unwanted pregnancies and thus, the rates of unwanted pregnancies are very high with abortion being a primary method of fertility control.⁴⁵

Despite the fact that abortion is legal in Belarus, only some women can afford to undergo the procedure in public hospitals. It is reported that under the Belarus Ministry of Health Protection order, women of fertile age of so called "national reproductive reserves" are put in a database and their right to obtain an abortion in state-owned hospitals is actually denied.⁴⁶ In Romania, the outdated sharp curettage technique is used for over half of all abortions.⁴⁷ Since 1993 (except for the period between October 1996 and December 1997) abortion in Poland is legal only for therapeutic reasons or if a pregnancy is the result of a criminal act. It is not permitted on social or economic grounds. The practice is even more restrictive than the law. In many cases women in Poland, who have the right to legal abortion, are denied access to it due to the pressure exercised by the Catholic Church, religious convictions of the doctors and lack of effective state regulations governing conscientious objection.⁴⁸ It is worthwhile noting that at least one country in the EU denies non-resident women access to an abortion in their country.⁴⁹

Further, despite the fact that in most countries of the region abortion is legally available; lack of access to safe, legal abortions has forced women to undergo abortions in unsafe, illegal conditions which often leads to serious health problems or even to death. Despite the fact that maternal mortality rate in CEE has dropped from around 40-50 per 100,000 live births before 1990 to 15 per 100,000 live births after 1990,⁵⁰ it is still significantly higher than in Western Europe. In France, for example, the total number of maternal deaths is 6.45 per 100 000 live births, in Finland 5.4, in Netherlands 9.9 and in Sweden 3.28. Unsafe abortions remain one of the main causes of the region's high maternal mortality rate.⁵¹

Denying women access to legal and safe abortion places their health and life at risk and prohibits them from achieving autonomy and physical integrity. Such practices violate women's right to life, liberty and security, right to privacy, and result in discrimination against women.

ABORTION IN THE EU

Laws in the EU Member States of Ireland, Malta, Poland and Portugal severely restrict women's access to abortion services, compromising not only their health and their right to access medical services in a non-discriminatory manner but also their right to equality and non-discrimination. Articles 2 and 3 of the EU Treaty as well as Article III-116 of the EU Constitution state that the Union shall eliminate inequalities and promote equality between women and men also in the attainment of high level of health protection.⁵² Moreover, the Charter of Fundamental Rights of the EU Constitution guarantees right to equality between women and men (Art II-83) that must be ensured in all areas. The European Parliament, like Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), has acknowledged that "many health problems only affect women" and therefore it has highlighted the necessity for "preventive measures and health promotion directed specifically at women."⁵³

The European Parliament in several resolutions⁵⁴ has recognized the serious danger of unsafe abortion to women's physical and mental health, and to life.⁵⁵ In addition, in its resolution on SRHR, the European Parliament emphasized that "in order to safeguard women's reproductive health and rights, abortion should be made legal, safe and accessible"⁵⁶ and has called upon the member states and the accession countries "to refrain in any case from prosecuting women who have undergone

illegal abortions”.⁵⁷ It also recommended that member states and accession countries “strive to implement a health and social policy which will lead to a lower incidence of abortion, in particular through the provision of family planning counseling and services, the offering of material and financial support for pregnant women in difficulties, and to regard unsafe abortion as an issue of major health concern.”⁵⁸ It has also recommended member states “to ensure the provision of unbiased, scientific and clearly understandable information and counseling on sexual and reproductive health, including the prevention of unwanted pregnancies and the risks involved in unsafe abortions carried out under unsuitable conditions.”⁵⁹

The EU Commission has discussed in its communication on patient mobility and health care developments in the EU providing health care to patients in other member states. It has stated that “although health systems are primarily the responsibility of the Member States, cooperation at European level has great potential to bring benefits both to individual patients and to health systems overall”. Therefore it has called for a European strategy on cooperation between member states to ensure “that citizens can exercise their rights to seek [health] care in other Member States if they wish, and that European cooperation can help systems to work together to better meet the challenges they face.”⁶⁰ The national health authorities should provide the person who seeks medical treatment in another member state with information how to obtain authorization for such care, the reimbursement levels that will apply and how the person can appeal against decisions.⁶¹ The patient’s well-being and safety should be properly protected when seeking the health care in another member state.⁶² Thus, women who do seek abortion services in another Member State where abortion is lawfully carried out should be provided with information regarding quality, availability and appropriateness of such service, and their well-being and safety should be ensured.

SEXUALITY EDUCATION IN CEE

Comprehensive sexuality education that provides young people with accurate and unbiased information is still lacking in the CEE region. In some countries, it is a part of other courses, such as biology or anatomy. However, when sexuality education is available in schools, the curricula often do not give adequate attention to information on all aspects of sexuality, contraception, sexually transmitted diseases including HIV/AIDS, and does not provide young people with decision-making skills related to their sexual and reproductive lives.

Adolescents in Poland receive information on sexual and reproductive life in a course called “education for the family life”. The curriculum and school text books are influenced by the Catholic Church’s doctrine on human sexuality and focus, for example on promoting “natural methods” of contraception ignoring the realities and information adolescents need to protect themselves from unwanted pregnancy and sexually transmitted infections, such as HIV/AIDS, and developing relationships based on gender equality and respect.⁶³ In Armenia sexual education is completely absent from schools.⁶⁴ In Lithuania and Slovakia several lessons on sexual education are conducted in biology, religion or ethics classes.⁶⁵ A national health curriculum developed in Romania has been based on the project called “Integrating Emergency Contraception into Young People’s Services and Comprehensive Sex Education” implemented by the International Planned Parenthood Federation member association in Romania. This curriculum includes comprehensive sexual education and is available to students in primary, secondary and high schools across Romania.⁶⁶ In Serbia 54.3% of adolescent girls use withdrawal (coitus interruptus) as a method of fertility regulation.⁶⁷ In 1995, the Ministry of Education and the Ministry of Health in Russia asked UNFPA to initiate a program to develop school-based sex education for teenagers. According to a new Swedish-Russian study lack of sex education is the main reason the rate of sexually transmitted infections in Russia is about 100 times higher than in Western Europe.⁶⁸ The government and education officials have reversed its decision to offer sex education in schools, and a controversial pilot program to introduce courses in the 1990s died after coming under fierce criticism from parents, politicians and the Russian Orthodox Church.⁶⁹

In addition, there is a lack of family planning counseling for young people in countries of CEE region. The limited counseling that does exist generally does not provide young people with anon-judgmental, confidential and accurate information. In some countries, for e.g. in Russia, Bulgaria, Bosnia and Hercegovina, adolescents need to have parental authorization to receive family planning services.⁷⁰ This requirement prevents young people from accessing the services and information they need to

prevent unwanted pregnancies and live healthy lives free from STIs. Lack of comprehensive sexual education and limited access to effective family planning services leads to high number of teenage pregnancies in the region and to increasingly high numbers of STIs. In most Western European countries and some CEE countries, in particular Croatia and Slovenia teenage pregnancy rates are between 13 and 25 per 1000 girls aged 15-19 years.⁷¹ In other CEE countries and NIS countries this rates are 2-4 times higher, in Ukraine it is even over 100 per 1000 girls.⁷² Unavailability of accurate and comprehensive sexuality education also increases HIV/AIDS infections among adolescents. Adolescent HIV/AIDS rates are the fastest growing rates in the region. For example, young people aged 15-25 constitute 80% of

SEXUALITY EDUCATION IN THE EU

While education is primarily the responsibility of the Member States⁷⁴, the EU, including the European Parliament and the European Commission, have recognized the importance sexuality education plays in preventing teenage pregnancies and curbing transmission of sexually transmitted infections within the EU. While the EU role is mainly seen as encouraging cooperation between the Member States and supporting and supplementing States' action while fully respecting their responsibility in this area,⁷⁵ there are provisions in the EU Constitution and in other binding and non-binding EU documents that encourage member states to take action in the area of sexuality education.

In various reports and resolutions the European Parliament has confirmed the importance of sexuality education and information campaigns in preventing high number of teenage pregnancies.⁷⁶ It has acknowledged the lack of systematic, adequate and high quality sexuality education in the accession countries (i.e. countries of CEE region) as well as in some Member States.⁷⁷ It has also recognized the importance of youth involvement in the development, implementation and evaluation of sexuality education programs in cooperation with other parties, particularly parents, and emphasized that "sexuality education should be provided in a gender-sensitive way".⁷⁸

One of the priorities of EU health program for 2004 has been to define best practices to address sexuality education (teenage pregnancy, family planning) and prevention of STIs such as HIV/AIDS, including consideration of approaches in school settings and those targeting specific groups in order to reduce the burden of disease and to promote health of the general population.⁷⁹ Additionally, the Commission has also that HIV prevention programs should also be combined with easy access to information, and counseling.⁸⁰

The EU Constitution also provides a basis for support for sexuality education in and out of schools. According to Article II-71 of the EU Constitution (Charter of Fundamental Rights of the EU) everyone has the right to receive and impart information and ideas without interference by public authority and regardless of frontiers. In addition, Article II-74 of the EU Constitution guarantees everybody the right to education.

HIV/AIDS IN CEE

Countries of the Eastern Europe – the Russian Federation , Ukraine , Estonia , and Latvia – are at the forefront of the HIV/AIDS epidemic in Europe and it continues to spread to other Eastern European countries.⁸¹ In the Russian Federation , the number of people officially registered with HIV/AIDS has rapidly increased from 3,623 cases in March 1997 to 284,915 cases in March 2004.⁸²

In 2003 the number of new infections in Western Europe was between 30,000-40,000, thus, the number of people living with HIV in the entire Western Europe rose to 520,000 – 680,000.⁸³ More than 80% of HIV-positive people in the region of Eastern Europe are under 30 years of age as compare to Western Europe where only 30% of infected people are under 30.⁸⁴ In Ukraine , 25 % of HIV affected are younger than 20, in Belarus 60% of them are aged 15-24.⁸⁵ It is crucial to note that women and girls are especially vulnerable to HIV infections. The number of women infected with HIV has risen in Eastern Europe by 48%.⁸⁶

Lack of sexuality education and information and services on prevention of HIV/AIDS transmission to youth and adults has resulted in a crisis in the region.

HIV/AIDS IN THE EU

The European Parliament has recognized in its resolution the alarming spread of sexually transmitted infections, including HIV, and the risks of unsafe sexual contact. It has emphasized an importance for promoting a high level of sexual health as a means of preventing STIs, including HIV.⁸⁷ The European Parliament has also called upon the member states “to maintain and increase the level of information made available to the general public (especially to the most peripheral sections of society which have greatest difficulty in securing access to information) on HIV/AIDS infection, the ways in which the disease is transmitted and the sexual practices which facilitate transmission”.⁸⁸ The European Parliament and the Council in their regulation on aid to fight poverty diseases have called for making special efforts “to integrate interventions targeting the poverty diseases [including HIV/AIDS] with actions targeting sexual and reproductive health and rights.”⁸⁹ This approach, however, relates only to the aid given to developing countries, not to programs within the European Union.

The former European Commissioner for Health and Consumer Protection, Mr David Byrne, has highlighted the need for urgent cooperation of the EU and member states in preventing HIV/AIDS within the EU.⁹⁰ In addition, EU Commission has recognized that “for the Union , HIV/AIDS control has been, and continues to be, a key public health priority”⁹¹, and that there is a need for ‘regional European HIV/AIDS policy’.⁹² The EU Commission divides the actions aimed at combating HIV/AIDS into three main categories: prevention, treatment and care, and support and partnerships.⁹³ It emphasizes that “these actions can only be implemented through a coordinated approach – partnership between the European, national and regional levels.”⁹⁴ In this document the EU Commission has noted when talking about prevention of sexual transmission of HIV “that male and female condoms should be made easily accessible and affordable for everybody.”⁹⁵ Moreover, it has stressed the need for advocacy for “the development of microbicides and other woman-controlled methods of contraception”.⁹⁶ New Commissioner for Health and Consumer Protection, Mr. Markos Kyprianou, has recently called for urgent action to avert HIV/AIDS emphasizing a need for ‘safe sex campaigns’ that would reach out to young Europeans who face unprecedented risk of contracting HIV.⁹⁷ He has stressed that all EU institutions and member states “must acknowledge the alarming spread of the HIV/AIDS problem – and not act as if it is limited or under control, and intensify our efforts in the battle against this terrible epidemic.”⁹⁸

The Health Ministers of Member States and its neighboring countries in the “Vilnius declaration” agreed upon several commitments concerning the fight against HIV/AIDS in Europe such as for example development of coherent, comprehensive and properly funded national strategies and their implementation at national and relevant sub-national levels; provide universal, affordable, non-judgmental and non-discriminating access to prevention services for HIV/AIDS and other STIs, including preventive information and activities, voluntary and confidential counseling and testing, condoms, and prevention of mother-child transmission.⁹⁹