European Commission

The EU Mutual Learning Programme in Gender Equality

Sexual and reproductive health and rights

France, 29-30 November 2022

Summary Report

ösb Consulting
Ein Unternehmen der ÖSB Gruppe.

Justice

This publication is supported by the European Union Citizens, Equality, Rights and Values Programme (2021-2027).

This programme is implemented by the European Commission and shall contribute to the further development of an area where equality and the rights of persons, as enshrined in the Treaty, the Charter and international human rights conventions, are promoted and protected.

For more information see: https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/programmes/cerv

Introduction

The EU Mutual Learning Programme held a well-attended seminar on sexual and reproductive health and rights (SRHR) on 29-30 November 2022 in Paris. Co-hosted by France and Belgium, the seminar gathered delegates from 13 Member States, as well as representatives of the European Commission (EC) and the European Institute for Gender Equality (EIGE). Participating countries included Belgium, Cyprus, the Czech Republic, France, Estonia, Finland, Germany, Greece, Malta, the Netherlands, Portugal, Romania and Spain.

The French Minister of Gender Equality, Diversity and Equal Opportunities, Isabelle Lonvis-Rome, opened the seminar by welcoming all delegates and reminding of the importance of SRHR, stating that the topic was a major priority for her government. She outlined the many measures taken by France to improve access to contraception and abortion and improve sexual and reproductive health in France as well as her government's commitment to champion SRHR on the international stage. The Minister exemplified France's commitments to SRHR both in internal and EU policy as well as in external policy via Generation Equality Forum to provide support to feminist international NGOs. The Belgian Secretary of State of Gender Equality, Equal Opportunities and Diversity, Sarah Schlitz, also addressed the delegates in the opening session, stating that SRHR was a cross-cutting priority for her government and reminded all that SRHR are human rights. Belgium adopted 200 measures related to SRHR following a gender impact assessment, and has improved access to contraception by making it free for all young people under 26 and emergency contraception free to everyone. Belgium has also recently changed the penal code to define rape based on lack of consent. The State Secretary reminded of #SheDecides movement started by France together with Belgium, Denmark and the Netherlands. She finished her speech thanking civil society for all the work done to advance gender equality and fight gender-based violence on the ground.

Helena Dalli, EC Commissioner for Equality, gave a video address, stating that while the European Pillar of Social Rights calls for universal access to affordable, preventive and curative health care, including SRH, there are still many barriers to access. The aim of the seminar is to learn from the frontrunners, such as Belgium and France, and the role of the Commission is to encourage cooperation and lend support and, where appropriate, provide funding both to Member States and civil society.

1. The good practices of France

1.1 The French National Sexual Health Strategy

Frédérique Ast, Women's Rights and Gender Equality Department, Ministry of Gender Equality, provided an overview of the National Sexual Health Strategy of France (2017 -2030), which is a transversal commitment across ministries and relevant stakeholders to implement a comprehensive rights-based action plan to promote SRHR. The strategy emerged from a needs-based context whereby data showed that

a third of pregnancies were found to be unplanned in 2017, and there was a considerable fragmentation of 14 different plans and programmes on SRHR, which needed to be brought together under an integrated strategic framework.

The overall aim of the strategy is to guarantee an autonomous, satisfying and risk-free sexual life. A broad-based steering committee comprising the central administration, regional health authorities and SRHR structures, research institutes and other stakeholders coordinates the strategy's implementation. Road maps covering three-year periods (2018-2020 and 2021 -2024) have established a set of measurable objectives, as well as a range of pilot projects

The strategy is based on 6 axes with 20 objectives and 95 measures:

- Invest in promotion of sexual health
- Improve access to health services
- Improve reproductive health
- Respond to specific needs of the most vulnerable groups
- Promote research, knowledge and innovation in sexual health
- Take into account the specific needs of overseas territories

Key recent achievements under the national strategy include:

- the decision in 2022 to make contraception free to all women until the age of 25 years old,
- measures to improve access to the voluntary termination of pregnancy (VTP),
- free HIV testing without prescription
- enhanced role of mid-wives in treating sexually transmitted infections (STIs).

A mid-term review of the strategy is planned for 2023.

1.2 The Emotional, Relational and Sexual Life Spaces (EVARS)

Frédérique Ast also introduced the EVARS (Emotional, Relational and Sexual Life centres), first established in 1967, and today there are 150 centres throughout France and its territories with an annual budget of €4 million, funded with the support of the Ministry of Gender Equality and regional health authorities. Their overall mission is to contribute to the promotion of equality through education and information about SRHR and to strengthen individual self-esteem and respect for others. They act as a first point of contact to provide information and guidance focused on counselling concerning affective, relational, family and sexual life in a non-medical setting to the general public, particularly to young people. This may include information and advice (non-medical) on contraception, VTPs, STIs and counselling and education on affective and sexual relations. Referrals to specialist care and support services are done whenever relevant. Services are confidential and free, and since 2018, they are

coordinated on a collaborative basis with partner associations. Current goals are to extend the territorial coverage across the country, to improve the quality of the services offered and coordinate and evaluate the programme more effectively, as well as improve visibility with the general public and especially the vulnerable groups.

Caroline Rebhi, Co-Director of Family Planning explained the approach and services offered by the EVARS. She emphasised the importance of a non-medical setting and its open door, non-judgmental and outreach approach. EVARS provide individual and collective consultations and age-appropriate education on sexual health and access to services and rights, both in and out of schools, and for vulnerable and hard-to-reach groups, such as those in rural areas, migrants, handicapped persons, the elderly and persons in socio-medical institutions as well as penitentiary services. EVARS also carry out training programmes for community leaders and for different professional groups. EVARS staff undergo a two-year training programme to become “conjugal and family advisers” so thus they are qualified to give guidance to people in intimate partner crisis or domestic violence and to refer them to specialised services. There are plans to establish a uniform reporting format for the EVARS, which will help strengthen monitoring and evaluation.

1.3 The National Helpline on sexuality, contraception and abortion

Sara Durocher, Co-Director of Family Planning explained that the publicly funded helpline (0800.08.11.11) was inaugurated following the adoption of the Veil Law on the depenalisation of abortion in 1975. The service provides free, confidential information on contraception, VTPs, STIs and assistance in case of violence against women. There are 15 regional hubs throughout France and its overseas territories and the respondents are trained activists, mainly from family planning centres. During COVID-19, when the family planning centres were closed, there was a marked increase in the number of calls to the helpline, which averaged around 40,000 per year. The main reason for calling was for information on access to abortions, and callers were predominantly in the 18-25 years age group and the vast majority were women. Some men do phone with information requests concerning abortion, STIs, or sexual orientation. In September 2022, supported by the government, a new website was launched, with information on the same issues as the helpline. A chat service will be opened in 2023.

1.4 Assessment of the French approach

Magali Mazuy, from the Sexual and Reproductive Rights Team of the National Institute for Demographic Studies (INED) appreciated the rights-based approach of the French national sexual health strategy. Healthcare services are provided by a plurality of services and practitioners, which is a strength of the policy, although there are remaining inequalities in access for more vulnerable groups, in rural areas, and in the overseas territories due to unequal territorial coverage of services. While there is a high rate of contraception use, and the numbers of teenage pregnancies is low and decreasing, the overall fertility rate is relatively high, compared to the EU average,

because of government pro-birth policies. Contraception remains predominantly 'pill-centred' although there is a trend to move away from hormonal treatments. While contraception is now free to women up until 25 years, it is not available to trans people. Greater use of male contraception would promote shared responsibility. There is a need to strengthen sexuality education programmes in schools as it is not part of the teacher training curriculum, and provisions remain very uneven. Recommendations included developing existing tools, such as EVARS and the toll-free number, strengthening access to abortion services, particularly during holiday periods, and to ensure patient choice on the use of anaesthesia. Interesting initiatives to create inter-active peer-to-peer online communities to promote SRHR among young people were highlighted. Finally, some actions to address incest and sexual violence against children were recommended. The assessment of the independent expert also revealed issues around the lack of linkages between policies to fight sexual violence and policies on SRHR.

1.5 The MSF-Preval pilot project on measuring the prevalence of female genital mutilation (FGM) in a migratory context

Marie Lesclingand, from the Migration and Societies Research Unit at the University of Côte d'Azur (URMIS), outlined a recent survey to improve the methodology on measuring the prevalence of FGM in France by estimating the rate of women with FGM living in France (first and second-generation migrants). Accordingly to the latest national census data, there are about 125,000 women with FGM, or approximately 1.8% of all women aged 18-49 years, according to indirect estimates from 2019.

MSF-PREVAL is a project conducted by University Cote-D'Azur to develop data collection tool based on a survey, using indirect estimates based on number of women in France coming from at-risk of FGM countries. Method consists of testing the survey tool in territories where the prevalence levels expected of FGM are different than the national average hence the approach is via the distribution of the "target population" based on data from national census and number of "women born in an at-risk country". On this basis, three pilot departments in France were selected: Seine-Saint-Denis with expected high prevalence, Rhône with expected prevalence equal to the national average; and Alpes-Maritimes with expected prevalence lower than the national average. The survey was piloted in public health centres with diverse coverage of women aged 18-49. The questionnaire was administered by health professionals and external consultants in public health centres. Data collection was over 7 weeks in 41 health centres by 47 health professionals, a total of 3,124 women interviewed (20% rate of rejection).

The researchers concluded that the piloted methodology was valid to use especially in the areas of high incidence of populations coming from at-risk countries of origin.

The results of the pilot project confirmed the unequal distribution of target population at risk of FGM in the French territory, with a 7% prevalence in Saint-Denis vs. 1.8% prevalence at national level.

The recommendations stemming from the applied research project are:

- A territorial (regional/local) approach is needed to tackle FGM rather than a national approach.
- Protocols to administer survey should be adapted according to the type of healthcare establishment.
- Diversify sample of interviewed women by extending to non-native speakers by use of translators or multilingual survey options.

2. The good practices of Belgium

2.1 Legal framework on access to contraception

Guillaume Vanhulle, from the Institute for the Equality of Women and Men explained that Belgium's top ranking in the European Contraception Atlas was based on an assessment of access to supply and access to information, including online information. Belgium has a system of compulsory health insurance and since 2018, 20% of the costs of contraceptives, mainly the pill, are reimbursed by the State and some insurers reimburse more. Since 2020, three additional measures came into effect: free contraception for young people until 24 years, independent of gender; free contraception for low-income and vulnerable groups; and universal free access to emergency contraception free of charge. Moreover, instead of 21% VAT, (almost all) contraception products enjoy 6% VAT, making its cost for all consumers lower. All these measures led to an increased use of contraception over the years. The country managed to improve rates of contraception from 75.5% in 2001 to 83.8% in 2018 to over 90% in 2021. The number of VTP has declined, which could be possibly due to making contraception more accessible. Costs to the National Institute for Sickness and Disability Insurance has been relatively small so it has proven a cost effective intervention.

2.2 Awareness-raising campaigns and practical tools

Lauren Bruffaerts, also from the Institute for the Equality of Women and Men, outlined Belgium's Government framework for sexuality education and the awareness-raising initiatives, which are the responsibility of the different regional authorities. In Wallonia, since 2018, a concerted SRHR education strategy, known as EVRAS[1] was developed, complemented with an inter-active teachers' guide to ensure a common teaching framework for each age-group, starting in early primary schools. In Flanders, SRHR education has been compulsory in schools for 12-14 year olds since 2019 and in addition, there is a 'Spring Fever Week' of education and discussion on contraception for 12-18 year olds. Sensoa, the Flemish Expertise Centre for Sexual

[1] Education à la vie relationelle, affective et sexuelle (Education on relational, emotional and sexual life).

Health, has developed teachers' education packs to facilitate these discussions. In German-speaking areas, SRHR is an obligatory part of the science curriculum and external support is provided for supplementary education, based on a common reference framework.

The Organization for Youth Education and Sexuality (O'Yes) and Planned Parenthood provide guidebooks for professionals. There are many online sources, including in Wallonia 'My contraception' with around 15,000 visitors per year, and in Flanders, Sensoa developed an on-line resource 'everything about sex'. Another online-resource, www.zanzu.be is available in 14 languages with a read aloud facility. It is widely subscribed, with over 1.8 million visitors worldwide in the year October 2021-October 2022. In the German-speaking community, the youth information bureaux have websites, including sections on sexuality education.

Overall, both French-speaking and Flemish-speaking communities have made contraception (and SRHR) an obligatory topic in schools and both communities have similar information available online.

2.3 Assessment of the Belgian approach

Emilie Peeters, from the International Centre for Reproductive Health and Sarah Hulsmans from SENSOA, in their assessment of the Belgian approach, noted that unmet need for contraception was low, with 83.8% of women using contraception in 2018, although women with lower educational attainment levels are still harder to reach. There is a substantial difference in rates of contraception between women with higher education (80% of which 85% of them are on the pill) versus women and girls without higher education (48-69% use contraception of any type).

While most women take the pill, there is a marked societal trend towards the use of long-acting reversible contraception (LARC).

Young adolescents (11-15 years old) still have relatively poor levels of knowledge about contraception but the number of teenage pregnancies is in continuous decline.

The new school curriculum in Flanders has specific goals for knowledge attainment on sexual health, which should make the impact easier to evaluate, although these goals are currently under review. In Wallonia, SRHR education is carried out informally and there are many data gaps, making it harder to evaluate its impact and effectiveness of the classes on sexuality education. In all regions, there are often wide disparities between schools as well.

Some recommendations of the independent experts included making contraception more affordable for those over 25 years, greater accessibility of emergency contraception, and ensuring anonymity for minors because currently they are included in their parents' health insurance plans. Generally, the SRHR education could focus more on positive aspects of sexual health and suffers from a hetero- and cis-normative approach. Contraception is still not a shared responsibility between men and women and there is increasing hormone fatigue. A greater focus on reaching the most vulnerable groups, in particular migrants and refugees, was also recommended.

To this end, the experts gave an example of a good practice that is the local project in Ghent on promoting use of contraception among Roma people by using Roma mediators to inform and raise awareness about contraception.

3. The situation in the other participating countries

Cyprus is committed to ensuring universal access to SRHR and there have been a number of significant legislative reforms over the last five years, including the legalisation of abortion in 2018, the introduction of SRHR as a pillar of the school health curriculum for primary and secondary schools and the adoption of a National Strategy (2018-2025) on the enhancement of the SRHR of young people. A new National Health Care system was introduced in 2019 providing universal coverage for the entire population. Civil society organisations (CSOs) and universities have taken up advocacy and provide education and other services to improve access to SRHR. However, there are still important gaps and concerns, including a high rate of Caesarean sections (CS) and low breastfeeding rates. There are considerable barriers to accessing family planning and assisted reproduction services, and adolescents under the age of 18 years cannot access family planning services without parental consent. Cyprus needs an evidence-based holistic strategy designed and implemented by all the stakeholders that are already contributing toward the improvement of SRHR in the country.

In the ***Czech Republic***, the overall Framework Educational Programmes (FEP) includes a framework on sex education, tailored for different age groups. There is not a national curriculum but rather the focus is on the competencies students should acquire at a certain age, which are then monitored by the Czech School Inspectorate. While this allows for considerable flexibility, there is also the danger that too much attention is given to biological aspects of reproduction and insufficient emphasis on social components linked to human rights and social justice. There is a lack of education resources for use in schools or teachers with specific training on the topic. Planned parenthood and a number of civil society organisations have good practice online information resources and the French example of EVARS centres could potentially be useful in the Czech context. There is a need to ensure an inclusive sexual education that takes into account diversity and also reaches vulnerable groups, such as ethnic minorities and disabled persons.

In ***Germany,*** SRHR is a shared responsibility between various federal Ministries and the States. The Federal Centre for Health Education (BZgA) disseminates information about sex education and family planning together with the States (*Länder*) and pregnancy counselling facilities. Abortion is available up to 12 weeks for social reasons while women must attend a counselling session followed by a three-day period of reflection. In 2022, a Commission was established to examine further measures to de-stigmatise abortion. Sex education is compulsory in schools and the States have developed different non-binding guidelines and framework curricula. The BZgA carries out a regular survey of youth sexuality. There is a high acceptance of

contraceptives among young people. Good practices exist with online platforms for sex education, a federal initiative on schools against sexual violence and outreach programmes for specific vulnerable groups. Currently there is no national regulation concerning free access to contraceptives but in certain areas, it is available for free to persons over 21 years old. There is a need to enhance professional training on SRHR in the curricula of social work, teaching and medicine as well as the development of quality standards. Measures to prevent sexual violence in schools are also needed.

In *Estonia,* mandatory comprehensive sexuality education (CSE) was introduced in schools in 1996 and about 20% of the human studies/social studies courses is dedicated to sexuality education. Various government agencies and CSOs have developed teaching materials. These courses have proved cost-effective. There are 16 free SRH counselling centres for young people up to 26 years. Contraceptives are reimbursed at 50% of the price and emergency contraceptives are available without prescription. Estonia has liberal abortion legislation and minors do not need their parents' consent. There is also good cooperation between the government and LGBT+ organisations. It is important to uphold a human rights perspective and the first compendium on human rights published in 2019 by the Chancellor of Justice's Advisory Committee has a chapter dedicated to SHR. There is also a need to strengthen SRHR education in schools, and support teachers' training and remuneration.

In *Greece,* public hospitals are seriously under-resourced and obstetric violence is a major concern with a high rate of CS. There is a lack of disaggregated data on SRH, including on the situation of ethnic minorities, on child marriage and the incidence of FGM, which is a relatively new issue in Greece with the arrival of refugees from countries of risk. Greece has a high rate of VTPs, indicating it is used as a form of family planning instead of contraceptives. Only 54% of women 15-49 years old use any form of contraceptive. Although most contraceptives are easily available, there are cost restraints and poor access to information, in part because of religious influences. Sexuality education in schools was introduced for the first time in 2021 starting at 6 years but implementation is very uneven. There is no current action plan on SRHR although the National Action Plan on Gender Equality includes some provisions to address the SHRH needs of refugee women and the Roma population. There are some good practice projects to support refugee and migrant survivors of gender-based violence (GBV). Among other issues, there is an urgent need to improve the legal framework and the quality of obstetric services and enhance the role of community midwives. Building on good practice examples such as 'Play with Frixos,' there is a need for collaborative projects between the Ministries of Education and Health and CSOs to improve SRHR education in schools.

In *Spain,* the Organic Law 2/2010 on SRH and VTPs remains a milestone in protection for women's rights. The law has been further developed in subsequent years, notably in 2022 with the introduction of inclusive sexuality education in schools and new provisions for reparations in cases of sexual violence. There are further reforms under discussion aimed at facilitating access to abortion, including emergency contraception. Other issues under consideration include paid leave for painful

menstruation; the prosecution of couples using surrogate mothers abroad (the practice in Spain is already illegal); and measures to strengthen comprehensive sexuality education (CSE), because as a decentralised competence, implementation has been very uneven. The Spanish National Strategy for SRH (ENSSR), adopted in 2011, is a consensus document with broad stakeholder involvement. It is complemented by a Sexual Health Operational Plan, which benefits from a strong alliance between feminist organisations, professional organisations and the government, as well as a good communications and advocacy strategy. While there are still many challenges, it is important to highlight that in some Autonomous Regions, SRHR is advancing as a result of strong public policies.

In *Finland*, the legislative framework for SRHR is solid and at present there is a strong political will to support SRH services, which are usually provided at primary health care level as part of the public health service. There are no age limits for the provision of contraception which is also available at upper secondary education institutions and student health care services. Some municipalities have experimented with offering free contraception to young people or free LARCs, regardless of age. There have been positive results, with a decrease in number of abortions and teenage childbirths. In November 2022, new legislation was passed to facilitate access to abortion. Coming into force in 2023, the legal definition of sexual crimes against adults will become consent based, and sentences for those convicted will become harsher. The national core curriculum on SRHR provides wide-ranging guidance but the quality of teachers' training on SRHR and provision in schools are quite uneven. Since 2017, a total of 19 support centres for victims of sexual violence have opened when previously there were none. A future challenge is the transfer of health services from municipalities to 21 newly formed well-being services counties and the city of Helsinki, scheduled to take place in 2023. Other challenges are to ensure specific qualitative data, and to address inequalities in SRHR provisions and enhance funding.

In *Malta,* national guidelines on sexuality and relationships were approved in 2013, for children from 12 years but a more comprehensive and LGBTIQ affirming approach is needed. Religious teachings on abstinence are still very influential and act as a barrier to the provision SRH services for young people. The rate of teenage child births is high compared to other EU countries and there is an increasing rate of STIs in this age cohort. Contraceptive use is relatively low in all age groups, although there is a trend away from natural methods to the use of medical contraceptives. There are no free State-funded family planning clinics. The emergency contraception pill was approved in 2016 but is not available in all pharmacies because of conscientious objection. There is a total prohibition on abortion[2] in all circumstances and women risk imprisonment as do health professionals together with loss of their professional status. Sexuality education needs to be updated, with a focus on boys, and teachers and other professionals need adequate training. STI prevention, detection and

[2] Draft legislation to allow for abortion when a mother's life is at risk is currently under debate in Parliament (December 2022).

treatment needs to be strengthened, including for migrants regardless of their legal status. According to the independent expert from Malta, there is a need to include abortion care as part of SRH services and regulate it by health care policies.

In *the Netherlands,* the Ministry of Public Health, Welfare and Sports is committed to providing information and education to allow persons to make informed choices regarding their sexual health and to respect others; and to ensuring access to appropriate, affordable and high-quality sexual health services and care. Since 2012, sexuality education has been compulsory in schools but there are wide differences in provision between schools. A manifesto signed by nearly 40 organisations addressed to the Ministry of Education, Culture and Science (OCW) calls for improvements in sexuality education. The government plans to draw up a National Action Plan to tackle sexual violence and is currently carrying out a broad consultative process. There is also a focus on men's emancipation to contribute to societal solutions. The OCW has partnered with key civil society organisations, including LGBTIQ+ organisations, to strengthen social acceptance of diversity. The Sense information line on sexuality and sexual health is well appreciated and is designed to support young people and parents. It is important to continue to invest in the further development of teaching and information materials and to ensure quality control.

In *Portugal,* in the last decades, there have been steady advances in SRHR and the national health service now provides contraception free of charge to all ages. Contraception use among women is high (94% of sexually active women, not pregnant or planning to be pregnant, use modern contraception) but male contraception use is very low. All health care related to pregnancy and maternal health is free of charge, including, since 2007, VTPs up until 10 weeks. Provision for sexuality education in schools has been strengthened, and in 2017, the Ministry of Education introduced a new compulsory subject called 'Citizenship and Development', for all levels which includes sexuality as a topic. However, there are still wide discrepancies in implementation. The government guarantees equality although LGBTI+ persons report facing everyday discrimination. The government has adopted action plans to address sexual violence and FGM. An overall national strategy on SHRH, such as that of France, would be useful to improve coordination between services. Local actors, such as the French EVARS, could assist in the implementation of the national strategy. The Belgian internet information services would also be useful in the Portuguese context, particularly for migrant communities facing language and other social barriers.

In *Romania*, there is a high incidence of teenage mothers (12.3% of total births of first children in 2015) which is a result of limited access to information, reproductive health services and VTPs. Since 2004, health education is an optional subject in schools – only accessed by pupils with parental consent - although uptake by students is quite low and only some aspects of sexual health are included in the course. Teachers do not receive any specific training nor education materials. This lack of comprehensive sexuality education is one of the reasons for the high rates of teenage pregnancies. Although VTPs are legal, there are many areas where they are not available in public hospitals because of conscientious objection. The family planning clinic network has

faced resource challenges in recent years and contraceptives are not reimbursed by the national health insurance. However, a reform programme is now underway and the Ministry of Health launched a collaborative initiative with civil society organisations to draw up a national reproductive health strategy and develop clinical guidelines for family planning services, as well as information and SRHR awareness-raising campaigns. CSOs, such as the 'Sex vs the Stork' association have also provided out of school comprehensive sexuality education and supported child protection services, particular with a view to preventing child trafficking, which is a major issue of concern in Romania.

4. Key issues discussed during the seminar

There was a rich exchange of information and good practice both following each presentation and in thematic plenary discussions.

Participants shared information about practical tools to promote and raise awareness about contraception and the importance of locally available and customised services. It was noted that young people generally prefer online sources of information and find attending a counselling service a complicated process. Some countries have developed educational films based on personal testimonies. The needs of vulnerable, groups, including ethnic minorities, the disabled, and refugee and migrant populations were discussed. Appreciation was expressed for a programme to support Ukrainian refugee women supported by a number of countries. Training for leaders to disseminate information among their own ethnic community was found to be a useful approach. Others noted that migrants and refugees often preferred long-acting reversible contraception (LARC), such as injections and implants, but in some countries, these were not available through the national health services.

Participants also exchanged good practice on how countries were reaching out to young people, in particular from disadvantaged backgrounds. In Portugal, there is a programme aimed at young people called 'take care of yourself' (Cuide de si). It focuses on health promotion and prevention of risks. There are also health centres for young people, as some prefer not to go to the same doctor as their parents, and many young migrants and refugees attend the centres. In the Netherlands, the focus is on online information through the Sensoa website. It offers information and an interactive platform for peer engagement. It is also a campaigning tool to allow young people to speak out on issues such as sexual harassment. In the Czech Republic, a recent initiative funded as part of a cooperation between the Department of Equality and CSOs entails holding sexual health information workshops, for young people particularly in the poorer regions. The workshops provide information based on the national education curriculum and there has been positive feedback.

Legal regulations concerning minors accessing SRH services, and different approaches to patient confidentiality and parental consent were reviewed. In some countries, parental consent is needed for minors to access services, which can potentially lead to poor outcomes. In other countries, it is not mandatory that parents give consent or accompany their children. In Finland, patient confidentiality is

paramount: depending on a doctor's assessment of the level of maturity of a ten-year old child, all medical records are then considered confidential and are only made available to the parents with the child's consent.

Participants also discussed how to promote a greater sense of shared responsibility for contraception and uptake of male contraception. Some family planning centres have late night openings to allow couples to attend or organise information sessions for men to discuss male contraception, including vasectomies and thermal methods. In Estonia, there are special clinics for men and boys offering a range of services, including reproductive health, and there are also media campaigns to encourage men to take responsibility for their health. In Romania, there are awareness programmes specifically directed at men, using giant wall charts which are displayed in places which men frequent, such as bars.

There was also a discussion about how to tackle misinformation about contraception. Some countries had websites endorsed by professional health associations or governments have funded information projects to tackle misinformation. The importance of media training programmes to ensure accurate information is made available was also highlighted.

Information was shared about research and country-level programmes related to FGM. The EIGE FGM prevalence studies in 13 EU countries offer insights into prevalence. The studies also confirmed that regional or area-based estimates provided more reliable date. United to End Female Genital Mutilation (UEFGM) is a European knowledge platform for professionals, implemented by a consortium of 12 partners and four associate partners available in nine languages. It provides training tools for specific professional groups.

The Belgian Institute for the Equality of Women and Men has also produced a manual for health professionals with a step plan to assist professionals about when to signal concerns to the justice authorities. In Finland, data on FGM is registered on the maternity card compiled when a woman visits a maternity clinic though it is also true that in some mild forms of FGM, there are no marks and the woman may not know whether they were circumcised in childhood. In Portugal, the government has convened a cross-ministerial working group with other stakeholders which meets regularly. The electronic national health registry, administered by GPs, includes a separate section on FGM with further information for GPs on the legal situation. There were also a number of other good practices. Finally, there was a general discussion on how best to identify and accompany women who have suffered from FGM, and what other organisations can be called upon to assist besides medical professionals.

Participants discussed school-based sexuality education programmes and the challenge to evaluate their impact and develop quality standards. In some countries, SRHR is incorporated into the compulsory national curriculum. Some school programmes also carry out work with parents' associations. In other countries, sexuality education is an optional subject. Priority is generally given to academic achievement rather than fostering a comprehensive approach to equip students for life. In France, there is a vademecum or handbook for teacher training and in

Germany, one initiative included the development of education materials based on a consultation with students about the subjects they were interested to learn about. It was also noted that students are often reluctant to discuss their affective life with teachers so it is useful to include external facilitators.

Another issue of common concern was how to monitor and evaluate the impact of sexuality education in schools and what indicators to use. Participants considered that both qualitative and quantitative evaluation methods were important and the need for a multidisciplinary approach. Estonia had participated in a UNESCO study of the cost effectiveness of sexuality education and the research confirmed there were strong fiscal arguments for its implementation. It was also important to carry out advocacy with Parliamentarians to strengthen comprehensive sexuality education (CSE) provisions. The Dutch example of a manifesto drawn up by nearly 40 organisations to call on the Ministry of Education to strengthen CSE provision was referenced. Interest was expressed in developing a Europe-wide evaluation tool.

5. Conclusions and recommendations

Participants agreed they faced similar challenges and expressed appreciation for the many excellent approaches shared during the seminar that offered new perspectives and inspiration for action. In group discussions, participants reviewed lessons learned and strategies to take back home, agreeing that the examples of France and Belgium were very valuable. Some key issues were highlighted:

- While national systems vary, equality of access to sexual and reproductive health services was a fundamental principle together with the affordability or reimbursement of the costs of contraception.
- The importance of:
  - pro-active outreach to young people and to specific vulnerable groups;
  - data collection to inform evidence-based policy and actions;
  - comprehensive sexuality education in schools and outside of schools, carried out by trained teachers and other professionals, and in a consistent manner, to allow for impact evaluation;
  - a participatory approach to involving target groups (youth) in developing interventions;
  - the vital role of ICT where information on SRHR should be evidence-based, accurate and user-friendly;
  - international strategies combined with strong government policies and programmes to combat misinformation on sexual and reproductive health.
- Visibility at EU level of good practices and national measures was highlighted as needed as well as continued cooperation across Member States to strengthen SRHR as integral to the advancement of gender equality.

In her closing remarks, Bianca Faragau, from the Gender Equality Unit of the EC Directorate-General for Justice and Consumers, appreciated the high-level of engagement of participants and took note of the interest in concerted action on SRHR among the participating Member States. She outlined some of the developments at EU level, including the proposal for a directive on combating violence against women and domestic violence, progress towards EU accession to the Istanbul Convention[3], the launch of an EU common number for GBV helplines (116016) and an upcoming Commission recommendation on harmful practices against women and girls. She also outlined **new funding opportunities** under the Daphne strand of the Citizens, Equality, Rights and Values (CERV) programme focusing on gender-based violence. **The new Daphne call for 2023 is open until April 2023 and is piloting a new approach by looking to select intermediaries (transnational, national or regional organisations) to help distribute EU funding to grassroot projects**. Apply here: https://europa.eu/!WtqGGX.

In closing the seminar, Hélène Furnon-Petrescu, from the French Ministry of Gender Equality, Diversity and Equal Opportunities, noted that participants all held a shared objective to promote SRHR, as the basis for equality and an enabler of other rights associated with a democratic state. Her own government is very engaged on equality issues and GBV although there are still enormous challenges ahead. She thought in particular of the plight of Ukrainian women. She welcomed the interest in continued cooperation across Member States to advance public policies and uphold fundamental rights.

A few days after the seminar, France has passed a new measure to make condoms free for young people until 25 years.

[3] Council of Europe Convention on preventing and combating violence against women and domestic violence 2011.