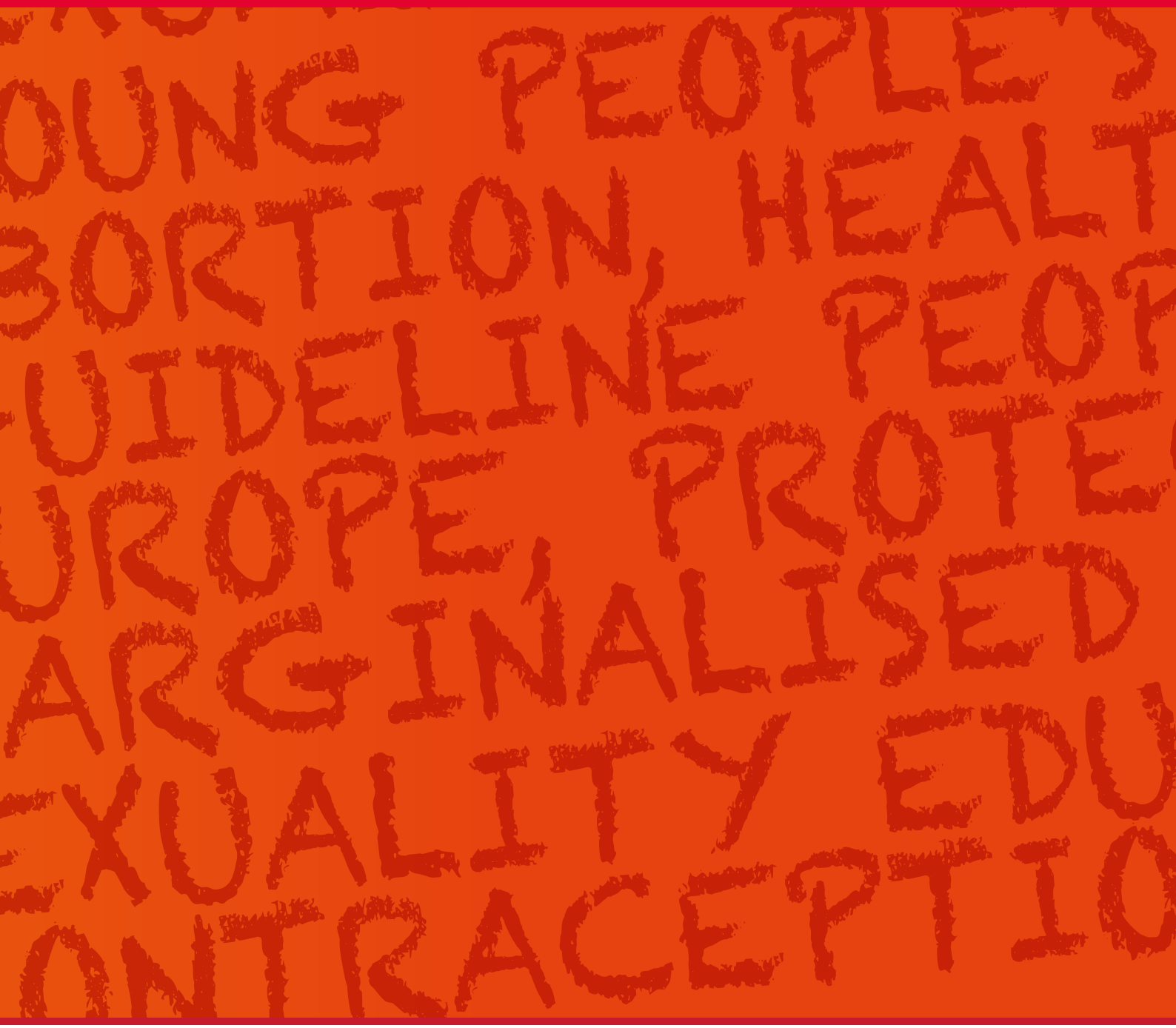
COMPENDIUM ON YOUNG PEOPLE'S SRHR POLICIES IN EUROPE

Sexual Awareness for Europe (SAFE II)
November 2012



THE SAFE PROJECT

IPPF European Network

Executive Agency for Health and Consumers

List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
EAHC	Executive Agency for Health and Consumers
EC	Emergency Contraception
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
IFPA	Irish Family Planning Association
IPPF EN	International Planned Parenthood Federation European Network
LGBT	Lesbian, Gay, Bisexual, Transgender
MA	Member Association
NGO	Non-Governmental Organisation
SAFE	Sexual Awareness for Europe
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UN	United Nations
WHO	World Health Organisation
YFS	Youth Friendly Services

Answer key

NA	No answer, i.e., when there is no answer from the member association (MA)
n/a	Not applicable, i.e., the specific question is not relevant for this specific country
NDA	No data available, only used when the MA has stated this in the questionnaire
Brown text	highlighting changes/developments since the 2010 assessment

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Acknowledgements

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I hope that this compendium provides valuable information to support the development of a more favourable policy environment regarding young people's SRHR. I encourage civil society organisations, youth organisations, governments and other stakeholders to use this compendium as a resource in their advocacy work, and to use the "Policy Assessment Tracking Tool" to support and continue regular tracking of policy changes regarding young people's SRHR in the future.

Vicky Claeys
Regional Director
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The SAFE II Project

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The SAFE II project is a collaborative effort between the International Planned Parenthood Federation European Network (IPPF EN) Regional Office, 14 of its Member Associations and 10 collaborating partners including the World Health Organization (WHO) Regional Office for Europe.

IPPF is a global service provider and an advocate of sexual and reproductive health and rights for all; a worldwide movement of national organisations working with and for communities and individuals. The IPPF European Network is one of IPPF's six regions and promotes support for and access to sexual and reproductive health services and rights in 40 member associations throughout Europe and Central Asia.

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Executive Summary

1. Introduction

A policy assessment tool on young people's sexual and reproductive health and rights (SRHR) policies was designed by the Irish Family Planning Association (IFPA) and the International Planned Parenthood Federation European Network (IPPF EN) and completed by 18 IPPF EN Member Associations (MAs) across Europe in 2010 and 2012. The tool is guided by the 2007 SAFE Guide for Develo*ping Policies on the Sexual and Reproductive Health & Rights of Young People* and comprises four sections, including: an overview of young people's SRHR policies, comprehensive sexuality education, young people's access to sexual and reproductive health (SRH) services and young people's access to safe abortion services [1].

The policy assessment tool has three objectives:

1. To develop a methodology of assessing young people's SRHR policies across Europe that will facilitate cross-country comparison and tracking of policy changes in-country.
2. To provide a snapshot of the current status of young people's SRHR policies across Europe.
3. To identify the key decision-makers responsible for the development, implementation and monitoring of young people's overall SRHR and the relevant documents that set out the policy priorities for improving young people's SRH at a national level.

The policy assessment provides baseline data in relation to national-level policy on young people's sexual and reproductive health. It also maps state commitments and responsibilities in relation to young people's SRHR in a clear, comparable and accessible format. As such, in the context of political and economic change and upheaval, the policy assessment tool is an invaluable resource that IPPF member associations, other civil society organisations and youth organisations can use to hold governments accountable for their commitments at the levels of law, policy, budgets and implementation.

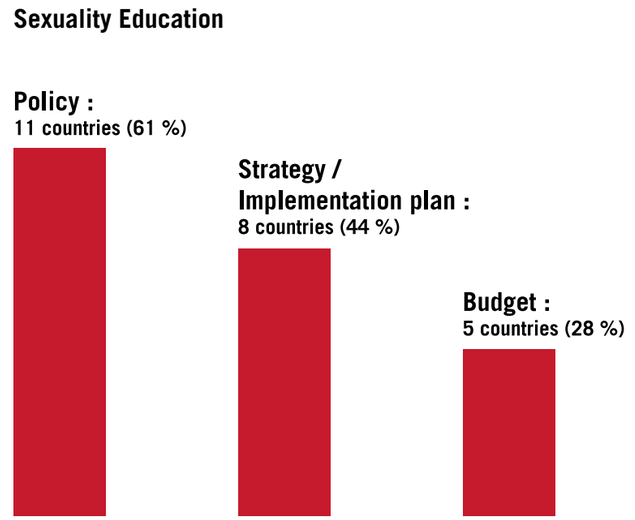
2. Current status of young people's SRHR policies across Europe

Overall, the assessment findings reveal a general lack of cohesive and comprehensive national policies on young people's SRHR across Europe. The absence of specific SRHR policies results in inconsistent implementation, no dedicated budget lines and no monitoring or evaluation of existing interventions. However, the existence of generally supportive laws and policies provides a strong basis from which to advocate for dedicated national policies on young people's SRHR.

Some positive findings:

- All countries have signed the UN Convention on the Rights of the Child.
- 12 out of 18 countries have a children's ombudsman in place.
- In 8 of the 18 countries there is a Minister for Children.
- 9 out of 18 countries have a parliamentary committee on children.
- A majority of countries do not have any restrictions on the provision of information on SRHR.
- Most countries have at least one supportive law or policy in place mandating schools to provide sexuality education.
- All countries report that condoms are readily available in a variety of settings.
- Most countries provide emergency contraception without a prescription to young people (although there are age restrictions in some countries).

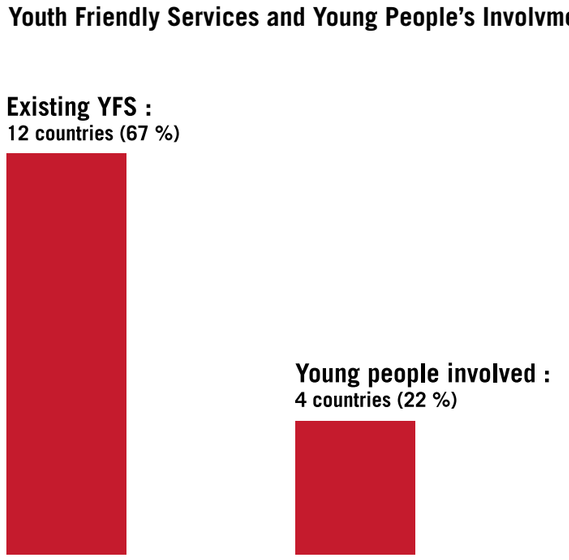
1 See Annex



The tool reveals that even if sexuality education policies are adopted by a majority of governments, it does not necessarily mean that implementation mechanisms are in place, or that specific budgets are allocated.

Some remaining challenges:

- There is no specific national policy for young people's sexual and reproductive health (SRH) in almost all countries (all but one) reviewed by the project, and there is a government strategy/implementation plan for young people's SRH in only 5 out of 18 countries.
- All countries report lack of policies or inconsistent policy implementation, lack of specific budget allocated to youth SRH and inadequate monitoring and evaluation mechanisms and practices.
- Several countries report inconsistent legal frameworks regarding young people's right to access confidential SRH services without the consent of their parents.
- In all countries but one, young people have to pay for health services (with the exception of STI testing and treatment (including HIV) in three countries and counselling in another one). The cost of SRH services, including abortion, is prohibitive for young people in most countries.
- Most countries do not have guidelines in place to assist health care professionals in providing SRH care, including safe abortion, to young people.
- Opposition to young people's SRHR and unregulated use of conscientious objection by health-care providers create significant barriers to accessing SRH services, information and education in several countries.
- Restrictions on abortion services disproportionately affect marginalised young people, particularly young migrants.



Although the tool reveals that there are youth friendly services available in a majority of countries, young people usually don't have the opportunity to provide input into the design and delivery of these services.

Other interesting findings:

- In those countries where there is a dedicated young people's SRH strategy/implementation plan, LGBT issues, self-esteem and contraception tend to be inadequately addressed or overlooked.
- Of the countries that have sexuality education programmes, all programmes address STIs, unplanned pregnancy and contraception. Issues such as stigma related to HIV/AIDS, LGBT and gender-based violence were the least addressed. This suggests that sexuality education is more commonly approached from a biological perspective than a social and emotional perspective.
- The most common groups to provide input on the sexuality education curriculum are health-care professionals, NGOs and religious groups, parents and (only then) young people. Education professionals, political parties/working groups (from government or parliament) and directors of departments at cantonal level also have some influence on the curriculum.
- Although 12 out of the 18 countries have comprehensive sexuality education (CSE) training for teachers, only 5 have monitoring and evaluation policies and practices in relation to sexuality education.
- The most common places for young people to access SRH services are primary care and gynaecologists, followed by pharmacies, youth-friendly clinics, schools and hospitals, in descending order. The andrologist/urologist is only occasionally an access point to SRH.

only
5 out of 18 countries
have monitoring and evaluation policies and practices in relation to sexuality education.

3. Tracking policy changes 2010–2012

There has been no major breakthrough in improving young people's SRHR policies between 2010 and 2012 in the 18 countries involved in the assessment. However, there has been some progress in the general political environment around young people's SRHR and in some countries more favourable legislation and policies are in the pipeline.

Progress made

New national legislation around young people's SRHR has been adopted in:

- Germany – A new law on protecting children's rights in early childhood has been adopted.
- Belgium – The Flemish Minister of Youth published a new decree on the youth and children's rights policy, where equal rights and comprehensive opportunities for development and youth participation are guiding principles (see also more specific policy changes per topic below).
- Switzerland – A national programme for HIV and STI (2011–2017) has been adopted.

New legislation is in the pipeline in some countries that will hopefully bring about further political commitment and improvement for youth SRHR:

- Belgium – A youth and sexuality report of which the recommendations are to be followed up in the coming years.
- Ireland – The Law Reform Commission report *Children and the Law: Medical Treatment* recommends legislative reforms that would allow for the views of mature teenagers to be taken into account in the context of consenting to medical treatment, including contraception.
- Slovakia – A strategy on the protection of children from violence is under development, and the criminal act has been amended on the protection of children from sexual abuse and sexual violence.

Further positive developments are to be expected in terms of institutions' responsibilities:

- England – A new body responsible for sexual health is to be created in 2013.
- Sweden – The government has commissioned the National Board of Health and Welfare, together with other authorities, to write a national strategy for SRHR to be completed in 2014.
- Some governments have dedicated departments (Sweden) or created committees (Slovakia) that work on the topic of young people's SRH and rights or expanded their Ministry of Education to include youth issues (Denmark).

Some countries are making efforts to allocate roles and responsibilities regarding young people's SRHR more effectively. Some have, for instance, started to develop recommendations that describe the role and responsibilities of municipalities in this field (Denmark). Some local authorities devoted efforts to specific SRH issues (in Poland several cities developed policies on vaccination against HPV (human papilloma virus) among 12-year-old girls and on the prevention of sex-related cancers), including youth-friendly services (Austria) and sexuality education (in two of Portugal's regional governments).

Persisting challenges and risks

Inconsistencies remain in some egislation on young people's SRHR (in Romania, the age of consent to medical care is 18 but with an exception for reproductive health care, for which the age of consent is 16. However, the law does not include a definition of the reproductive health care services that fall under this exception).

The impact of the economic crisis on young people's SRHR issues is also of concern. In an increasingly conservative political environment, most countries have restricted the funding of health and social issues in general. At the same time, far-right-wing

religious and anti-choice movements, strongly supported by United States based Christian groups, have gained in strength in some countries. For Central and Eastern Europe, this is combined with population decline, which is a major political concern for many governments and an enabling environment for the promotion of pro-natalist policies that undermine human rights and women's rights.

There have also been a number of regressive developments, for example:

- The UK – The Teenage Pregnancy Strategy ceased and has not been replaced. Services for young people are facing cutbacks in the educational aspects of their work due to the recession and the reorganisation of commissioning from national to local government.
- Romania – Advertising condoms is now possible on TV only after 10pm.

Tracking policy changes per policy area 2010–2012

Comprehensive sexuality education

Some progress has been made regarding comprehensive sexuality education (CSE):

- Sweden – A new CSE curriculum is now compulsory in teacher training (university education) for teachers of grade 4–6 (when pupils are 10–13 years old). It is not mandatory (only recommended) in teacher training for higher levels. The principal of the school has a responsibility to include and mainstream sexual education in subjects like biology, religion and history.
- Cyprus – Sexuality education and gender issues were included as a mandatory subject under health education in primary and secondary education through the *2010–2013 National Action Plan for the Prevention of Domestic Violence*, and in the country goals concerning active ageing and increasing birth rate in the *Draft Action Plan for Demographic and Family Policy, 2011–2015*.
- Czech Republic – Positive changes pushed through by a working group with involvement of civil society organisations (CSO) will enable all schools to teach sexuality education and will offer space for a wide range of approaches, including information on homosexuality and contraception.

However, there are still specific obstacles, mostly due to a lack of political commitment. In Poland, sexuality education is not addressed by the political agenda, and opportunities for change are very limited due to the current economic situation and religious opposition. In the UK, the Department of Education is currently reviewing PSHE (personal, social, health education) in schools and has made it clear that the review will not result in more sexual relationships education (SRE) in schools. In a context of economic crisis, some governments cut funding for education, particularly sexuality education. In Portugal, the Ministry of Education's calls for proposals for schools (providing small grants of EUR 1,500 maximum for health education projects), faced severe cuts due to the financial crisis.

Youth-friendly services

The assessment reveals a pattern in most countries of scarce or no youth-friendly services: 6 out of 18 countries still do not have youth-friendly services, and where they exist they are often provided by NGOs rather than the state.

However, there have been positive developments in several countries since 2010:

- Emergency contraception (EC) is now available (for a one-year trial period) in the Czech Republic (for girls/women from 16 years) and in Ireland (from pharmacies without a doctor's prescription). In Ireland, this has led to greater access to EC and to a significant reduction in the cost of EC (about 50%). The cost, however, is still quite high (EUR 30–45) and can be prohibitive to young people, as can the attitudes of pharmacy staff, who are unlikely to have received training in dealing with young people's EC needs.
- Lithuania – The Ministry of Health plans a project on the introduction of youth-friendly services. Young people are, however, not invited to the table.

- Poland – The Ministry of Health started a campaign on improving the implementation of clients' rights. The ministry's campaign was much broader than "youth friendliness" so it is difficult to say whether it has influenced the real quality of services.
- Sweden – "UMO" is a national online youth clinic for young people between the ages of 13 and 25. The aim of the website is to make it easier for young people to find relevant, up-to-date and quality-assured information about sex, health and relationships. The development of UMO has been financed by the government. Many schools and teachers use the website in their teaching today.

Some negative trends were also noticed over the past two years:

- Poland – There were some attempts to broaden the policy of refusal of services because of personal beliefs.
- Portugal – Contraception is still free of charge. However, stock is insufficient and some diagnostic examinations that used to be free of charge must now be paid for. Young people's use of some services has decreased due to this change.
- Romania – Condoms are available in many settings, but their price increased significantly. The only socially marketed brand of condoms lost its financial support and had to increase its price to be able to face competition on the market.

Safe abortion services

There were some very positive developments over the past two years in policies regarding safe abortion services:

- Latvia – Medical abortion is now allowed until 63 days of pregnancy, and abortion drugs are available (costs are approximately EUR 300). Medical technology is being developed by Latvia's Association of Gynaecologists and Obstetricians, including guidelines to assist health-care providers in providing care for young people who choose to terminate a pregnancy.
- Ireland – In 2010, the European Court of Human Rights judged that Ireland's failure to give legal effect to a 1992 Supreme Court decision that establishes the right to an abortion where a woman's life is at risk is a violation of the European Convention of Human Rights. An expert group (including medical and legal experts) is to report on how this judgement should be implemented.

Some new challenges are arising:

- Germany – A new mandatory waiting period in case of medical indication in the second and third trimester of pregnancy was included in the change of law "Schwangerschaftskonfliktgesetz" as well as mandatory counselling in case of foetal damage or indication.
- Spain – The costs of abortion are rising.

Most countries

do not have guidelines in place to assist health-care professionals in providing SRH care, including safe abortion, to young people.

4. Active engagement with strategic influencers and decision-makers

When comprehensive sexuality education and/or youth-friendly SRHR services are lacking in a country, it is usually NGOs that compensate by providing these services or engaging in advocacy with decision-makers and influencers to improve young people's SRHR. Some concrete examples reported from the IPPF EN member associations (MA):

- Belgium – Sensoa has developed a manual of sexuality education for secondary school teachers, which was presented in 2011 in the premises of the Department of Education. The teacher-training curriculum is currently being revised by the Ministry of Education, and this may create an opportunity for the integration of sexuality education in the new curriculum.

- Czech Republic – Young volunteers from the Czech MA started the Prima Gynda initiative. The initiative encourages all gynaecologists to become members of a network of youth-friendly gynaecologist services.

- Denmark – Sex &Samfund has begun the process of conducting a new national evaluation of the implementation of sexuality education programmes. It will be published during 2012.

- Poland – Due to the economic challenges in the Polish education system, lessons on preparation for family life (of which sexuality education is a small part) are not offered in most schools. The lack of proper education is addressed by the implementation of educational sessions by NGOs. TRR, the Polish MA, is implementing sexuality education in Zielona Gora, Wroclaw, Warsaw and Opole. These sessions are funded mostly by local municipalities as an aspect of health promotion for young people. NGOs are also running supplementary in-school sexuality education that usually includes information about services. In addition, TRR provided about 20,000 consultations for young people on SRH every year at the "Przystanek Woodstock" (music) Festival. Only NGOs are enabling young people to design and be providers of SRH services.

- Sweden – Thanks to RFSU's (the Swedish MA) "Sverigebarometer", which has shown major differences in subsidised contraceptives in the country, there are now discussions (but no decisions yet) about equality and harmonising.

- Switzerland – "Sexual Health Switzerland" (Swiss MA) is a partner in the development and implementation of quality standards for sexual education in Switzerland.

- Cyprus – NGOs (including CFPA, the Cyprus MA) and other experts have provided input to the development of a sexuality education curriculum through a consultation process. On a formal level, CFPA trains teachers (primary and secondary) through classes at the Pedagogical Institute of Cyprus and has provided a manual for the delivery of sexuality education at primary schools. This manual is purchased by the Ministry of Education to be used as a reference and guide by primary schools.

- Portugal – Many schools organised training activities for teachers, contracting APF (the Portuguese MA) and other training providers. APF produced and tested an assessment tool for monitoring the quality of CSE programmes.

- Slovakia – Although there is still no specific budget for sexuality education, two projects of SFPA (the Slovak MA) on sexuality education have been supported and funded by the government.

- Ireland – The Department of Health has set up a steering group to develop a national sexual health strategy to be presented to Government by the end of 2012. Three working groups have been set up, and the IFPA has been invited to join the service's working group. Research has also been commissioned by the Crisis Pregnancy Programme regarding "Sexual health and sexual education needs assessment for young people in care in the Republic of Ireland".

5. Final remarks

The assessment findings reveal a general lack of cohesive and comprehensive national policies on young people's SRHR across Europe. In all but one of the participating countries, there is no specific national policy for young people's SRH. There are also many barriers impeding young people's access to SRH services, information and education in several countries. The assessment, however, also reveals that general supportive laws and policies related to young people's SRHR are in place, which provides a basis to work from and to engage with decision-makers. Also encouraging is that in a majority of the countries that participated in the assessment, positive developments regarding SRHR policies for young people have been recorded between 2010 and 2012. At the same time, the trends over the last two years also show a lack of progress and sometimes even some regress. In some countries, economic downturn has been the pretext for rollback on SRHR, and the economic crisis has led to a shift of resources away from health and of political attention away from the implementation of SRHR policy. Progress, therefore, cannot be taken for granted, nor can it be taken for granted that gains made will not be lost.

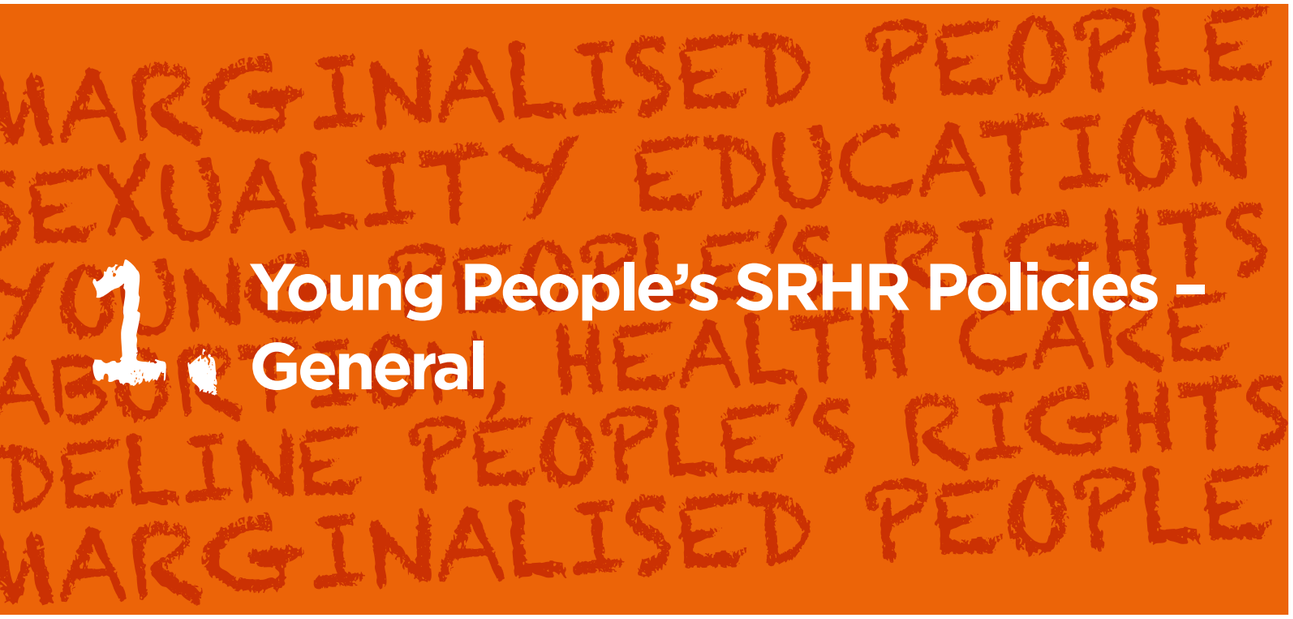
Important efforts should be made to improve mechanisms for inter-sectoral and/or cross-governmental planning on young people's SRH, especially comprehensive sexuality education and to further develop local, regional and/or municipal governments' responsibilities. Efforts should also aim to involve young people in policy development and to fully empower young people to make their own decisions, as in a majority of the participating countries, young people still need parental consent to access services, including terminating a pregnancy.

Continuous tracking of policy changes and cross-country comparison of policies provide valuable information to support the creation of a more favourable policy environment regarding young people's SRHR. We encourage civil society organisations, youth organisations, governments and other stakeholders to use this compendium as a resource in their advocacy work, and to use the 'Policy Assessment Tracking Tool' to support and continue regular tracking of policy changes regarding young people's SRHR in the future.

only

5 out of 18 countries

have a government strategy / implementation plan for young people's SRH.



1 Young People's SRHR Policies – General

There is a parliamentary committee responsible for children and adolescents in

11 of 18 countries

There is a budget dedicated to young people's SRH in only

2 out of 18 countries

1.1 Which government department has overall responsibility for young people's sexual and reproductive health (SRH)?

Austria	Federal Ministry of Economy, Family and Youth Federal Ministry of Health
Belgium	Ministry of Health
Cyprus	Ministry of Health
Czech Republic (CR)	Ministry of Health CR Ministry of Education, Youth and Sport CR
Denmark	Ministry of Health
Finland	Ministry of Health and Social Affairs
Germany	Federal Ministry of Family, Elderly, Women and Youth (BMFSFJ) Federal Ministry of Health (BMG)
Ireland	Department of Children and Youth Affairs (D/CYA) Department of Health
Latvia	Ministry of Health
Lithuania	Ministry of Health
Poland	Ministry of Health Ministry of National Education
Portugal	Ministry of Health – General Health Directorate – Division of Reproductive Health Ministry of Education and Science – Directorate General for Education (Direção Geral de Educação – DGE) Portuguese Institute of Sports and Youth (IPDJ) – the merger of the Sports Institute of Portugal and the Portuguese Youth Institute ACIDI – High Comissariat od Migrants and Intercultural Dialogue – Choices Programme – Programa Escolhas
Romania	Ministry of Health
Slovakia	Ministry of Health
Spain	Ministry of Health and Social Policies
Sweden	Ministry of Health and Social Affairs – A new minister for children and elderly people also includes, to some degree, young people´s health.
Switzerland	Federal Office of Public Health and each canton (26)
United Kingdom (UK)	Department of Health (England) Department of Health and Wellbeing (Scotland) Department of Health and Social Services (Wales) Department of Health, Social Services and Public Safety (Northern Ireland)

Comments:

Belgium – The new government agreed to a further, more thorough reform of the federal state, but at this stage, it is not clear which specific powers will be transferred from the federal to regional level and what the implication will be for the sexual and reproductive health and rights of young people. However, no significant changes are expected.
Poland – There have been no changes in the rules related to young people's sexual and reproductive health in Poland since the beginning of the project. The sexuality of young people and related health aspects are still outside the mainstream of government activity or interest.
Portugal – No real change, but there was a reorganisation of several government departments (due to the economic crisis). However, only the name/government bodies have changed.
Romania – The Ministry of Health appointed around 200 school doctors to work in the main cities of the country. These doctors are general practitioners or family doctors with no special training/qualification on youth SRHR.
Spain – In the last few years, the Youth Institute (under the Ministry of Health, Social Services and Equality) conducted major campaigns and activities to support young people's SRHR.
UK – The situation continues to be the same, but in April 2013 in England, the responsibility for some aspects of sexual health will move to a newly formed body called Public Health England.

1.2 Is there a government minister for children?

In 44% of the countries (8 of 18), there is a government minister for children. In the UK, England, Scotland and Wales each have a Minister for Children.

Country	No	Yes
Austria		X
Belgium		X
Cyprus	X	
Czech Republic		X
Denmark		X
Finland	X	
Germany		X
Ireland		X
Latvia	X	
Lithuania	X	
Poland	X	
Portugal	X	
Romania	X	
Slovakia	X	
Spain	X	
Sweden		X
Switzerland	X	
UK		X

Comments:

Belgium – The Flemish Minister of Youth published a new decree on a youth and children's rights policy, announcing which organisations will have access to funding dedicated to initiatives related to research, information and promotion of the rights of children and youth. Equal rights and comprehensive opportunities for development and youth participation are guiding principles in this decree.
Denmark – In 2011, the Ministry of Education was expanded to include children's issues and is now called the Ministry of Children and Education.
Germany – A new law on protecting children's rights in early childhood was adopted in 2012.
Ireland – A Minister for Children and Youth Affairs was appointed in March 2011. This is the first time there has been a full Cabinet Minister for Children and Youth Affairs. In previous administrations, the minister was a Minister of State (junior minister), who did not have a seat at the Cabinet table.
Portugal – No specific ministry, but there is a National Commission for Protection of the Child and Youth at Risk (CNPCJ), which is under the Ministry of Social Affairs and Ministry of Justice.

1.3 Is there an ombudsman for children (or equivalent)?

In 66% of the countries (12 of 18) there is an ombudsman, or equivalent, for children. Most frequently, the ombudsman reports to the government (7 of 12) or to the parliament (5 of 12).

Country	No	Yes	If yes, to whom does the ombudsman report?
Austria		X	All nine Austrian federal states (Bundesländen) have an ombudsman, who reports to the respective government.
Belgium		X	Flemish parliament Apart from a discussion in parliament about the (budget of) the Bureau of the Children's Rights Commissioner, no major changes occurred since 2010.
Cyprus		X	The Commissioner for Children's Rights – an independent institution that deals exclusively with the rights of the child and whose competences and obligations are prescribed by law. The Commissioner is appointed by the Council of Ministers pursuant to the Commissioner for the Protection of Children's Rights Law, 2007 (Law 74(I)/2007), which came into force on 22 June 2007. The Commissioner reports to the President of the Republic of Cyprus and to the parliament.
Czech Republic	X		n/a Since 2012, the Czech ombudsman has had a new website for children, http://deti.ochrance.cz/, which underlines that the ombudsman is for children (and teens) too.
Denmark	X		n/a
Finland		X	Government
Germany		X	Parliament New: ombudsman for sexual abuse
Ireland		X	Parliament
Latvia		X	Ministry of Welfare
Lithuania		X	Parliament
Poland		X	Parliament. The role of the ombudsman for children in Poland is very marginal and politically driven. It is usually a position for marginal politicians of the ruling party. The ombudsman for children's rights covers the issue of youth sexual health but with a focus on combatting sexual crimes against minors. Unfortunately, he does not seem to see the potential power of sexual education as part of the prevention of sexual violence.
Portugal	X		n/a
Romania	X		n/a
Slovakia	X		n/a
Spain		X	The autonomous communities' children's ombudsmen report to their governments. The central ombudsman reports to the central government.
Sweden		X	Government
Switzerland	X		n/a
UK		X	Each of these commissioners has to produce an annual report, which is submitted to the relevant minister and then put before Parliament or the relevant devolved legislature.

Comments:

Slovakia – No change since 2010, although there was a recommendation to prompt the creation of an independent guardian of children's rights in the ombudsman's office with the relevant competence and security at the latest meeting (October 2012) of the Committee for Children and Youth of the Government Council for Human Rights, National Minorities and Gender Equality.

1.4 Is there a parliamentary committee responsible for children and adolescents?

There is a parliamentary committee responsible for children and adolescents in 61% of the countries.

Country	No	Yes
Austria		X
Belgium		X
Cyprus	X	
Czech Republic		X
Denmark	X	
Finland	X	
Germany		X
Ireland		X
Latvia		X
Lithuania		X
Poland		X
Portugal	X	
Romania	X	
Slovakia		X
Spain	X	
Sweden	X	
Switzerland		X
UK		X

Comments:

Czech Republic – The Parliamentary Committee for Science, Education, Culture, Youth and Sport has existed for a long time but was interrupted between March and July 2010 (from the end of term until the first session of the new committee after the elections).
Denmark – The government has set up an independent council called "Børnerådet".
Ireland – The Parliamentary Committee on Health and Children has now established a Select Sub-Committee on Children and Youth Affairs with a term of reference "to consider legislation and review estimates from the Department of Children and Youth Affairs". The sub-committee is currently examining the Children First Bill 2012.
Slovakia – A Committee for Children and Youth was established by the government's resolution no. 158 of 2 March 2011, as a permanent expert body of the Slovak government Council for Human Rights, National Minorities and Gender Equality on issues related to children and youth. The committee aims to ensure compliance with the commitments taken by the Slovak Republic in the implementation of the children's rights established by the Convention on the Rights of the Child, so that the best interests of the child are a primary consideration undertaken by public or private entities, and to create conditions for the establishment and maintenance of such procedures and mechanisms allowing for the participation of children and youth in the development of policies and measures affecting them. The chairman of the committee is the Minister of Labour, Social Affairs and the Family.

1.5 Has the government signed and ratified the UN Convention on the Rights of the Child?

All countries have signed and ratified the UN Convention on the Rights of the Child.

Country:	No	Yes	If yes, when was the latest country report to the Committee on the Rights of the Child?
Austria		X	2009
Belgium		X	2011
Cyprus		X	2012
Czech Republic		X	2008
Denmark		X	2009
Finland		X	2008
Germany		X	2010
Ireland		X	2006
Latvia		X	NDA
Lithuania		X	2009
Poland		X	2009
Portugal		X	2001
Romania		X	2009
Slovakia		X	2008. In addition, on 28 February 2012, the Slovak Republic, represented by the prime minister, was the first country to sign the optional protocol to the Convention on the Rights of the Child on the notification procedure. The process of drafting the protocol was initiated by the Slovak Republic and Slovak diplomats, who led the working group and contributed greatly to the creation of the protocol.
Spain		X	2001
Sweden		X	2012
Switzerland		X	2002
UK		X	2007

1.6 Is there a specific national policy for young people's SRH?

Yes

Country	Which year was it published?	What are the overall goals of the policy?	Any other policies that include young people's SRH?
Germany	Different sources and years	1. Prevention of STIs/HIV infections 2. Prevention of unintended pregnancies 3. Access to sexuality education 4. Strengthening of gender equity 5. Access to cost-free contraceptives for youth under 20 (for members of the public health insurance system) 6. Protection from sexual abuse for youth under 14 7. Protection against drug usage 8. Access to abortion up to the 12th week of pregnancy, after mandatory counselling 9. Cost-free maternity care during pregnancy (for members of the public health insurance system) 10. Provision of information materials and counselling in the field of pregnancy, sexuality, family planning and contraceptives 11. Protection against sexual abuse and violence	NDA

No

Country	Is young people's SRH included in a broader policy regarding young people's health?	Is young people's SRH included in a broader policy on SRHR for the whole population?	Any other policies that include young people's SRH?
Austria	The Federal Ministry of Health has recently organised a child-health dialogue with the relevant stakeholders. SRH is an issue in this process.	SRH is part of the HIV/AIDS prevention strategy.	The "Fonds Gesundes Österreich" (i.e., Fund for a Healthy Austria") supports relevant projects, and the Federal Ministry of Economy, Family and Youth supports family counselling centres with the focus on healthy sexuality. In every legislative period since 1988, a report on the current situation of youth in Austria must be produced by the Federal Ministry of Economics, Family and Youth. It should provide a scientific basis for the development of youth policy.
Belgium	There is no overall global policy on young people's health, but there are policy notes on the prevention of unplanned pregnancy, approved by the inter-ministerial Conference of Health in 2001.	Yes. As far as the Flemish government is concerned. Sensoa, as partner organisation of the Flemish government, has to implement the sexual health concept of the Flemish Ministry of Health, with a strong focus on youth.	Sensoa, in co-operation with the Commissioner of Children's Rights, issued a report entitled Youth and Sexuality referring to the right to sexual health and development. The report was presented in the Flemish parliament in May 2011. The various recommendations of the report will be followed up in the coming years.
Cyprus	No	Apart from an action plan by the Ministry of Health that deals with HIV/AIDS, there is no policy on SRH for the general population or for young people specifically.	No
Czech Republic	NDA	NDA	NDA
Denmark	Only in relation to other prevention areas such as obesity and smoking.	There is no comprehensive plan, but the Ministry of Health has a number of different plans, projects and goals for the area.	The subject sexuality education in primary school has its own goals and description in the curriculum, but there's no policy. The Ministry of Health, subsequently the National Board of Health, has begun a process of developing health recommendations for the municipalities in Denmark regarding different kinds of health issues, including SHR relating to adolescents. The recommendation is expected to take effect from the beginning of 2013.
Finland	No	Health and Social Affair´s SRH Strategy (2007–2011). A summary was published early in 2012.	School health care 2002– guide for school health services, schools and municipalities

No

Country	Is young people's SRH included in a broader policy regarding young people's health?	Is young people's SRH included in a broader policy on SRHR for the whole population?	Any other policies that include young people's SRH?
Ireland	No	No	*Towards 2016: Ten Year Framework Social Partnership Agreement 2006–2015* National Children's Strategy 2000–2010 *Quality and Fairness – A Health System for You* (2000) *Children First: National Guidelines for the Protection and Welfare of Children* (1999) *Our Duty to Care: The Principles of Good Practice for the Protection of Children and Young People* National Recreation Policy for Young People 2007 AIDS Strategy 2000 HIV and AIDS Education and Prevention Plan 2008–2012 National Health Promotion Strategy 2000–2005 Relationships and sexuality education policy guidelines 1997 1995 Department of Education and Science Circular M4/95 1996 Department of Education and Science Circular M20/96 *Leading an Integrated Approach to Reducing Crisis Pregnancy* 2007–2011 National Men's Health Policy 2008–2013 *Get Connected, Developing an Adolescent Friendly Health Service* (2001) *LGBT Health. Towards meeting the health care needs of LGBT people* (2009) Four national level policy initiatives have been undertaken: 1) National Sexual Health Strategy: The Department of Health has set up a steering group to develop a national sexual health strategy to be presented to Government by the end of 2012. 2) Publication of the Report of the Law Reform Commission (LRC): Children and the Law —Medical Treatment 2011 3) Publication of the Children First Bill 2012 4) Commissioning of research by the Crisis Pregnancy Programme into "Sexual health and sexual education needs assessment for young people in care in the Republic of Ireland"
Latvia	No	No	No
Lithuania	No	No	Prevention and control programme on sexually transmitted infections for 2006–2009 A prevention and control programme on sexually transmitted infections for 2010–2012 was adopted in 2010 and is dedicated to all society.

1. Young People's SRHR Policies - General

No

Country	Is young people's SRH included in a broader policy regarding young people's health?	Is young people's SRH included in a broader policy on SRHR for the whole population?	Any other policies that include young people's SRH?
Poland	No	No	No TRR observes a slight change in that matter. There is no central policy, but at least the municipalities are taking some action – for example, the implementation policies for vaccination against HPV among 12-year-old girls in Grynia, Gdansk, Sopot and Katowice. Other Polish cities are working on similar policies. The Warsaw municipality decided to include the prevention of sex-related cancers among young people in the local health policy. In almost every Polish municipal health programme, there are parts dedicated to the prevention of HIV infection among young people.
Portugal	No	The National Plan of Health (NPH) mentions the need to improve the quality of care provided to young people – strengthening initiatives relating to reproductive health and STI prevention, and access to care for adolescents in health centres and hospitals. The plan refers to educational activities in sexuality and reproduction, sexuality education programmes and the support of health services. It discusses the need to reinforce a comprehensive approach to preventing risk behaviours with services – Care Centres for Drug Addicts (CAT) – and other structures, and partnerships with other institutions and sectors, including education, to develop an integrated approach to adolescent health. This includes the possibility of creating educational institutions within the Departments of Health and developing activities such as health promotion and care in public health-care services.	The Law 60/2009 of 6 August defines sexuality education at primary and secondary education levels and curriculum guidelines suitable for different education levels. It was regulated on report n.º 196-A/2010 in Diário da República, 1.ª série — N.º 69 — 9 de April de 2010. In Programme CUIDA-TE (Take Care) – By Law No. 168/2007 of 3 May, the Portuguese Youth Institute was nominated for the creation of mechanisms to support young people's well-being. This programme provides training and sex education talks for teachers, parents and students. The target group is young people aged between 12 and 25 years, teachers and other agents involved in education (parents, youth leaders' associations, health professionals or other bodies involved in the programme). The political and economic reorganisation that Portugal faced, especially in the last year, and the reorganisation of several government bodies, has had an impact on sexuality education. As a result of the Ministry of Education's reorganisation of the civic education discipline, sexuality education has been diminished. Schools can now allocate the time previously given to civic education according to schools'/students' needs. This means that some schools will continue to use those hours for sexuality education programmes and activities, but others might not. Also due to the political changes, the National Health Plan that was supposed to be published in 2011 is not yet complete.
Romania	No	No	No

1. Young People's SRHR Policies - General

No

Country	Is young people's SRH included in a broader policy regarding young people's health?	Is young people's SRH included in a broader policy on SRHR for the whole population?	Any other policies that include young people's SRH?
Slovakia	The National Programme of Care for Children and Young People in the Slovak Republic 2008–2015 has been adopted according to the European Strategy. It includes three goals related to SRH: - protection of children in cases of sexual exploitation and violence - support of health education in regard to the reproductive health of youth by supporting education on marriage, parenthood, planned parenthood, prevention of STIs (use of condoms) and sexual abuse - innovation of curricula for education on marriage and parenthood and proposal to change the mandatory guidelines on education on SRH, planned parenthood, prevention of STIs (use of condoms) and sexual abuse affecting pupils in first grade (age 6–10) However, the fullfilment of those goals is not monitored and reported.	A comprehensive strategy related to sexual and reproductive health is still lacking in Slovakia. In December 2007, the Ministry of Health of the Slovak Republic introduced the draft National Programme on Protection of Sexual and Reproductive Health in the Slovak Republic, which the government has not adopted mainly due to protests from religious groups and representatives of the Catholic Church. The proposed programme draws mainly upon the World Health Organisation's principles and the Programme of Action of the UN International Conference on Population and Development (Cairo, 1994). However, because of the pressure of the Catholic Church, the programme has not been adopted and subsequently became the National Programme on Protection of Women, Safe Motherhood and Reproductive Health (2009). Once again, because the programme refers to areas such as access to contraception and safe abortion, the Catholic Church opposes it very strongly, and it can be assumed that the programme will not be adopted in the near future. Besides the programme, there is no comprehensive policy on SRHR in general, nor specifically for young people. The only ongoing programme is the harm reduction and prevention on HIV/AIDS, which is not very effective, lacking a human-rights-based approach and comprehensive service delivery.	Health policy: The only strategic document regarding general health was adopted by the Slovak government in 2000 – the National Health Policy. In the NHP, one of the priorities is the general health of young people, which includes the following areas: - reduce the number of unwanted pregnancies among teenage girls - enforce safe and reliable contraception and education on planned parenthood In 2005, the NHP was updated. The new programme, the National Program on Health Support, is less specific and doesn't include young people's SRH as a priority. Actually, it does not mention it at all. Youth policy: Government policy on youth policy is included in the document *Key Areas and Action Plans of State Policy regarding Children and Youth in the Slovak Republik 2008 – 2013*. Despite the broad coverage of the lives of young people, SRH is not mentioned in the document. The only paragraph that references it is the paragraph on risky behaviour: 4.11.6. to support measures decreasing risky behaviour of young people such as risky car driving, promiscuity and unsafe sex, drugs, alcohol, tobacco and bad nutrition The strategy was prepared by the Ministry of Education, headed by a conservative minister from the Slovak National Party. It is obvious that sexuality has a very negative connotation and is not mentioned as a natural part of young people's lives. A Committee for Children and Youth agreed to prepare a strategy on the protection of children from violence. The criminal act has been amended on the protection of children from sexual abuse and sexual violence. The penal code is currently in a legislative process due to transposition of a legally binding act of the European Union European Parliament and of the Council of 13 2011/93/EÚ December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA and achieving legal compliance with the requirements of the Convention for the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote, 25 October, 2007), which the Slovak Republic signed on 9 September 2009.

No

Country	Is young people's SRH included in a broader policy regarding young people's health?	Is young people's SRH included in a broader policy on SRHR for the whole population?	Any other policies that include young people's SRH?
Spain	No	Law regulating SRH was passed 4 March 2010. Strategies are under approval.	Multi-sectoral Plan for AIDS Prevention 2008–2012 and the National Strategy on RH that includes some aspects of youth SRH
Sweden	Yes, there is some inclusion of SRH in the Swedish government's youth policy. It concerns: - creating action plans for combatting men's violence against girls and young women and for combatting prostitution and trafficking. - initiating a study on the sexual exploitation of children and youth on the Internet, and certain preventative measures.	There is no national policy on SRH, but we have one for public health in which SRH, including young people's SRH, is covered. The government published a report on how to prevent unwanted pregnancies and HIV/STIs in 2009. This report has several good suggestions on how to promote young people's SRH in Sweden. Unfortunately, the government isn't implementing it.	National strategy to prevent HIV/STIs from 2006 in which young people's SRH is included (Ministry of Health and Social Affairs) National strategy on preventing Chlamydia among youth and young adults from 2009 (National Board of Health and Welfare). National communications strategy on STIs/HIV from 2008, published by the National Board of Health and Welfare. Government policy on public health from 2008 has 11 objectives, of which one is sexuality and reproductive health. This policy states that young people's health is of specific interest. In June 2012, the government commissioned the National Board of Health and Welfare, together with other authorities, (SMI and FHI), to write a national strategy for SRHR to be completed in 2014.
Switzerland	NDA	1) National Programme for HIV and Other STIs 2011–2017 was approved in December 2010. 2) Pregnancy Law – 1981 3) Epidemics Law – 1972	No Santé Sexuelle Suisse is partner for the implementation of and responsible for developing quality standards for sexuality education in Switzerland.
UK	No	Each country has its own sexual health policy, which includes some elements relating to young people's sexual health. In addition, in England there is a policy specifically devoted to reducing under-18 conceptions. However, it is important to note that the new government has not confirmed whether it intends to continue the strategies currently in place in England.	The dedicated Teenage Pregnancy Strategy ceased and has not been replaced since the coalition government came into power. The national sexual health and HIV strategy that included young people has also not yet been replaced, but the government is currently developing a new sexual health policy document that will have a life course approach and will therefore include young people. Under-18 conceptions are included in the most recent NHS outcome framework.

1.7 Is there a government strategy/implementation plan/action plan for young people's SRH?

Country	No	Yes	Who is responsible for monitoring progress?	What indicators are used to measure progress?	Are there regular reports to the parliament on progress?	Which major sources of evidence are used to underpin the strategy/ action plan / implementation plan?
Austria	X		n/a	n/a	n/a	n/a
Belgium		X	Flemish Agency of Care and Health and Sensoa, in co-operation with the Department of Youth	STI (HIV) rates, teenage pregnancy rates, abortion rates, rates of sexual abuse/rape, registration data from various organisations/institutions working with youth	No, although these issues are often raised in parliamentary questions to the Flemish ministers of health and youth, in plenary or in the commissions of welfare and of youth	WHO, STI and HIV rates (WIV – Scientific Institute for Health), unplanned pregnancy rates, abortion rates (National Evaluation Committee, registration data from Flemish abortion centres), Flemish registration data (VRIND – Flemish Regional Indicators), National Health Inquiry, Health Behaviour in School-Aged Children studies, studies at University of Ghent (SEXPERT I & II) and other research institutes
Cyprus	X		There is no single approach to young people's SRH, but aspects of it are mentioned in other action plans/strategies. The National Action Plan (NAP) for Prevention of Domestic Violence includes sexuality education implemented by the Ministry of Education as a way to combat domestic violence. The Draft Strategy for Demography is initiated by the Ministry of Labour and Social Security and also refers to sexuality education.	No clear indicators are included in the National Plan for Prevention of Domestic Violence. Progress is measured by reports that should be sent to the advisory committee by all those involved in the National Plan (i.e., Ministry of Health, Social Welfare Services, Union of Municipalities, Ministry of Labour and Social Security, Cyprus Police, Pancyprian Volunteers Association, Ministry of Justice). Progress on the implementation of sexuality education to combat domestic violence is supposed to be reported by the Ministry of Education. The most serious limitation of the NAP is the lack of specific timelines for the implementation of the actions foreseen, and the failure to allocate a specific budget for its implementation.	NDA. The National Action Plan has not been formally evaluated since the last report from 2009.	Cyprus National Report on the Implementation of the Beijing Platform for Action. United Nations: The Convention on the Rights of the Child adopted by the General Assembly resolution 44/25 of 20 November 1989 United Nations Guidelines for the Prevention of Juvenile Delinquency (The Riyadh Guidelines) adopted and proclaimed by General Assembly Resolution 45/112 of 14 December 1990 WHO (2002) World report on violence and health WHO global consultation on violence and health

Country	No	Yes	Who is responsible for monitoring progress?	What indicators are used to measure progress?	Are there regular reports to the parliament on progress?	Which major sources of evidence are used to underpin the strategy/ action plan / implementation plan?
Czech Republic	X		n/a	n/a	n/a	n/a
Denmark		X	The Board of Health	STI (Chlamydia, gonorrhoea and HIV) and abortion rates	No	Statistics and national surveys in relation to young people's SRH – latest survey in 2006
Finland		X	Health and Social Affairs	Not specified	No	STI rates, unplanned pregnancy rates and abortion rates are followed by the National Institute for Health and Welfare (*THL*)
Germany		X	Included in health and sexuality education policies	HIV, contraceptive use, sexual behaviour, drugs, youth pregnancies, abortions	Yes from time to time	WHO, BZgA, Robert Koch-Institute, Federal Statistic Agency, STI rates, research on youth pregnancies, sexual behaviour, and contraceptive use
Ireland	X		n/a	n/a	n/a	n/a
Latvia	X		n/a	n/a	n/a	n/a
Lithuania	X		n/a	n/a	n/a	n/a
Poland	X		n/a	n/a	n/a	n/a
Portugal	X		n/a	n/a	n/a	n/a
Romania	X		n/a	n/a	n/a	n/a
Slovakia	X		n/a	n/a	n/a	n/a
Spain	X		n/a	n/a	n/a	n/a
Sweden	X		Various actors (see comments below)	See http://www.socialstyrelsen.se/folkhalsa/hivaids/Documents/UNGASS_Report2008.pdf	Yes – every second year	NA
Switzerland	X		n/a	n/a	n/a	n/a
UK	n/a	n/a	The relevant department in each country monitors progress on its own strategy, including on young people. Some official progress reports have been produced, but these have not been annual.	Progress is usually measured using official statistics.	Statistics are produced annually and are made public but are not specifically reported to Parliament.	National statistics on abortion, STIs and teenage conceptions are often used, as well as international and national research.

Are any of the following topics addressed in a dedicated young people's SRH strategy / implementation plan/action plan OR as part of any other government strategy / implementation plan/action plan?

Country	STIs incl. HIV/AIDS	Contraception	Unplanned pregnancies	Gender -based violence	Child protection	Gender stereotypes	Self esteem	Developing healthy relationships	Sexuality education	LGBT youths	Drugs and alcohol	Stigma related to HIV/AIDS	Vulnerable young people
Austria	X	X	X	X	X	X	X	X	X	X	X	X	X
Belgium	X	X	X	X	X	X	X	X	X	X	X	X	x
Cyprus	X			X (domestic violence)					X		X	X	
Czech Republic	X			X	X				X		X		
Denmark	X	X	X	X	X		X	X	X	X	X	X	x
Finland	X	X	X	X	X	X	X	X	X	X	X	X	X
Germany	X	X	X	X	X	X	X	X	X	X	X	X	X
Ireland	X	X	X	X	X	X	X	X	X	X	X	X	X
Latvia	X	X	X	X	X	X	X	X	X		X	X	X
Lithuania	X												
Poland	X			X	X		X	X	X		X	X	X
Portugal	X			X	X	X			X		X	X	
Romania													
Slovakia	X		X	X	X	X			X		X		X
Spain	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Sweden	X	X	X	X		X			X	X	X		NA
Switzerland	X	X	X	X	X	X	X	X	X	X	X	X	X
UK	X	X	X	X	X			X	X		X		X

Comments:

Austria – There is no specific government implementation plan. The last report on the current situation of youth in Austria from 2011 was discussed and acknowledged in the parliamentary committee for family on 21 June, 2011, including the head of the Federal Ministry of Economy, Family and Youth, as well as experts in the field.
Cyprus – Sexuality education has been included in the 2010–2013 National Action Plan for the Prevention of Domestic Violence, as well as gender issues (stereotypes), although a gender-based understanding of domestic violence is not mainstreamed within the document. Sexuality education has been included as an important element regarding country goals concerning active ageing and increasing birth rate in the Draft Action Plan for Demographic and Family Policy, 2011–2015.
Denmark – Stigma related to HIV is mentioned in the National Board of Health's strategy.
Germany – There was a national roundtable against child abuse in institutions.
Ireland – The National Sexual Health Strategy should provide a stronger policy framework and implementation strategy for young people's SRH.
Lithuania – A prevention and control programme on sexually transmitted infections for 2010–2012 addresses sexually transmitted infections, including HIV and AIDS.
Spain – The Youth Institute has a campaign to prevent unplanned pregnancy and set up a sexuality counselling centre.
Sweden – In Sweden, there is a system where municipalities are responsible for health, and it is not possible to get all the information from these municipalities in order to answer the questions above. The government has the power to control the work at local and regional levels that is regulated by the Communicable Diseases Act and the Health and Medical Services Act. But in general the work across several sectors directed at public health is not regulated. The government's grant for HIV and STI prevention amounts to SEK 146 million (approximately USD 22 million), of which two-thirds has been reserved for regional and local work. To enable the follow-up and evaluation of the public health work, comprehensive reports on public health are

needed, to enable both an analysis and assessment of the impact of initiatives within the 11 objectives. These findings will primarily be published in the public health report of the National Board of Health and Welfare and the public health policy report to be produced by the FHI. In addition, the National Board of Health and Welfare provides the country progress report to UNGASS. In spring 2013, there will be a thematic report on children and youth. This is a new collaboration between the National Board of Health and the Welfare and Public Health Institute on this subject.

1.8 Is there a budget dedicated to young people's SRH?

Country	No	Yes	What is the annual budget?	What is the actual expenditure for the last available year?
Austria	X		n/a	n/a
Belgium	X		n/a	n/a
Cyprus	X		n/a	n/a
Czech Republic	X		n/a	n/a
Denmark	X		n/a	n/a
Finland	X		n/a	n/a
Germany		X	Due to the federal system in Germany, there are 16 states with relevant budgets, and there are two relevant federal ministries (Families and Health) with their budgets.	
Ireland	X		n/a	n/a
Latvia	X		n/a	n/a
Lithuania	X		n/a	n/a
Poland	X		n/a	n/a
Portugal	X		n/a	n/a
Romania	X		n/a	n/a
Slovakia	X		n/a	n/a
Spain	X		n/a	n/a
Sweden	X		n/a	n/a
Switzerland		X	Not at federal level, but there are cantonal assignments for family planning and sexuality education.	NDA
UK	X		n/a	n/a

Comments:

Belgium – There is no overall budget dedicated to young people's SRH, but there is, for example, a specific budget dedicated to partially reimbursing the costs of contraceptives for youth <21 years. There is an ongoing discussion within the committee of the Social Security Institute about the effectiveness of the budget spent each year (>EUR 5.2 million in 2007, rising to EUR 8 million in 2010) on reimbursing some of the costs (EUR 3/month) of contraceptives for youth <21 years.
Ireland – The establishment of the new department has had major impacts on the structure of budgetary allocations and a direct comparison is not possible.
Sweden – There is no overall budget, but some special initiatives have existed for a number of years.

1.9 Is there a mechanism for inter-sectoral and/or cross-governmental planning on young people's SRH (e.g., steering committees, inter-departmental committees)?

Country	No	Yes	Who participates and what are their roles?
Austria	X		n/a
Belgium		X	The inter-ministerial conference in which all seven Belgian Ministers of Health participate – but young people's SRH is not a priority on their agenda.
Cyprus	X		n/a
Czech Republic	X		n/a
Denmark	X		n/a
Finland	X		n/a
Germany		X	Federal and state ministries (e.g., sexuality education in schools)
Ireland		X	National Youth Health Programme National Youth Council Health Service Executive Crisis Pregnancy Programme Office of the Minister for Children and Youth Affairs
Latvia	X		n/a
Lithuania	X		n/a
Poland	X		n/a
Portugal	X		n/a
Romania	X		n/a
Slovakia	X		n/a
Spain	X		n/a
Sweden	X		n/a
Switzerland	X		n/a
UK		X	In England, there is an Independent Advisory Group on Sexual Health and HIV and an Independent Advisory Group on Teenage Pregnancy. Members of these groups are experts from the field and the groups produce annual reports on key areas where the government needs to make more progress. The FPA Chief Executive is a member of both of these groups.

1.10 Are young people involved in policy development?

Country	No	Yes	What is the mechanism for participation?
Austria		X	The Austrian National Youth Council (Bundesjugendvertretung – BJV) is the representative body for youth organisations in Austria. BJV is the umbrella organisation for young people's organisations giving them a voice in Austria. BJV's voice is recognised in legislation as a social partner. The Österreichische Kinder-und Jugendvertretung (ÖJV) has an elected board and represents the interests of young Austrians and Austrian youth organisations on a European and an international level. The organisation works in close co-operation with BJV, other national youth councils and youth NGOs. ÖJV represents BJV as a full member of the European Youth Forum. ÖJV is also actively involved in bilateral and inter-regional fora in the framework of the European Youth Forum. ÖJV encourages the participation of its member organisations in international activities such as seminars, conferences and workshops. Since early 2009, the BMWFJ supports the BJV financially and in management issues. This system secures continuous action of the BJV and allows the BJV to act independently from the federal state. This strengthened BJV's position as a social partner. The Youth Ministry is conducting awareness raising and training multipliers. The "ARGE Participation", a task force on participation, is set up by youth departments of the federal states and the Youth Ministry. The "ARGE Participation" is an important instrument in the context of policy development.
Belgium	X		n/a
Cyprus		X	The Youth Board of Cyprus was established in Law 33(1/94), and its first governing body was appointed in June 1994. The seven-member governing board consists of a representative from the youth organisations of each political party with a parliamentary team in the House of Representatives, and other members are appointed directly by the Council of Ministers. The Minister of Education and Culture acts as the liaison between the Youth Board and the Council of Ministers (Country Sheet Youth Policy Cyprus, 2010). This is the only mechanism giving a voice to young people regarding policy and legislation.
Czech Republic	X		n/a
Denmark	X		n/a
Finland	X		n/a
Germany	X		n/a
Ireland		X	The Office of the Minister for Children is responsible for overseeing the development and improvement of participation structures for young people. The current structures in place include: • "Comhairle na nÓg" (local youth councils) • "Dáil na nÓg" (national youth parliament) • Student councils • OMCYA Children and Young People's Forum The Young Voices Guidelines 2005 address how to involve and encourage participation of young people in statutory and non-statutory sectors. Young people aged 15 and over were consulted in relation to sexual behavior for the 2012 Health Behavior of School Aged Children report. A national consultation with children and young people for the National Children and Young People's Policy Framework (2012–2017) was launched in June – the consultation is ongoing, so it is unclear to what degree SRH is addressed.
Latvia	X		n/a
Lithuania	X		n/a
Poland	X		
Portugal		X	The National Youth Council (CNJ) is the representative platform of youth organisations, covering different types of youth associations. It was established in 1985 with a legal status approved by Parliament (Law 1/ 2006). CNJ has partnerships with the Secretary of State for Youth and Sport, the Portuguese Youth Institute (IPJ), the European Youth Forum and the Institute for Drugs and Addictions.
Romania	X		n/a
Slovakia	X		n/a
Spain	X		n/a
Sweden	X		n/a
Switzerland		X	Annual Youth Parliament
UK		X	There are young members of the Independent Advisory Group on Teenage Pregnancy, but there are few formal opportunities for young people to be involved in sexual health policy development. Both the Independent Advisory Group on Teenage Pregnancy and the Independent Advisory Group on Sexual Health and HIV were wound up when the coalition government came to power. There is a new sexual health forum in England that advises the Department of Health on sexual health matters for people of all ages.

1. Young People's SRHR Policies - General

2. Comprehensive Sexuality Education

There are laws in place requiring sexuality education in the formal education system in

9 out of 18 countries

There is budget for sexuality education in only

5 out of 18 countries

2.1 Which government ministry has overall national responsibility for sexuality education?

Austria	Federal Ministry for Education, Arts and Culture (BMUKK)
Belgium	Ministry of Education
Cyprus	Ministry of Education and Culture
Czech Republic	Ministry of Education, Youth and Sport CR
Denmark	Ministry of Children and Education (from 2011)
Finland	Ministry of Education
Germany	Federal Ministry for Family, Elderly, Women and Youth (BMFSFJ) State Ministries of Education, Culture
Ireland	Department of Education and Science
Latvia	Ministry of Education
Lithuania	Ministry of Education and Science
Poland	Ministry of National Education
Portugal	Ministry of Education and Science
Romania	Ministry of Education, Research, Youth and Sport
Slovakia	Ministry of Education
Spain	Ministry of Health, Social Services and Equality
Sweden	Ministry of Education
Switzerland	None – the Federal Office of Public Health FOPH and each canton (26). The Federal Office of Public Health FOPH belongs to the Ministry of Internal Affairs.
UK	Department of Education (England) Department for Children, Education and Lifelong Learning (Wales) Department for Education and Lifelong Learning (Scotland) Department of Education (Northern Ireland)

Comments:

Belgium – Sexuality education and health promotion in general is discussed in the Commission of Health Promotion of the VLOR (Flemish Education Board). Sensoa is a member of this commission. There is an agreement between the Flemish Minister of Education and the Minister of Health that health promotion activities, including sexuality education activities, have to be presented to the commission before being implemented.
Poland – Sexuality education in Poland is still outside the agenda of the Ministry of Education. The opportunities for change on this topic are extremely limited due to the current economic situation in Poland and the repeated attempts to change the law on teachers. The economic problems of the Polish education system are so large that there are also plans to limit religion lessons in Polish schools or to exclude them from state funds for education. Those conditions would support any changes in the implementation of sexuality education in the school curricula.
Sweden – Since 2011, there is a new curriculum, which is now compulsory at teacher training (university education) for teachers who will teach grade 4–6 (when pupils are 10–13 years old). It is not mandatory, only recommended, for teacher training for higher levels. The headmaster of the school has a certain responsibility to include and mainstream sexual education in subjects like biology, religion and history.

2.2 Are there any laws in place requiring sexuality education in the formal education system?

In 9 of the 18 countries there are laws requiring sexuality education in the formal education system. The oldest laws were passed in Sweden in 1955, while Austria, Denmark and Germany passed their laws in the 1970s, Portugal in 1984 and Finland, Poland, Spain and the UK around the turn of the century.

In all the countries except Poland, the laws are generally supportive of comprehensive sexuality education.

Country	No	Yes	Is the law generally supportive or restrictive of comprehensive sexuality education?	What year was the law(s) passed?
Austria		X	Supportive	1970
Belgium	X		Supportive	1997
Cyprus	X		n/a	n/a
Czech Republic	X		n/a	n/a
Denmark		X	Supportive	1970
Finland		X	Supportive	2001 (The Education Act) 2002 (The government decree on the distribution of lessons hours) In the **National Core Curriculum 2003** approved by the National Board of Education, a new subject, health education, was introduced in 2004 in most schools and has been obligatory since 2006.
Germany		X	Supportive	1977
Ireland	X		n/a	n/a Also see comment under question 1.6
Latvia	X		n/a	n/a
Lithuania	X		n/a	n/a
Poland		X	Restrictive	First decree from 1999 was very restrictive. Amendment from 2009 is much more supportive but still fails to meet standards of modern sexuality education.
Portugal		X	Supportive	First National Law nº3/84 on Sexual Education and Family Planning Law 60/2009 of 6 August, which defines sexuality education at primary and secondary education levels and curriculum guidelines suitable for different education levels. It was regulated on Despach n.º 196-A/2010 in Diário da República, 1.ª série — N.º 69 — 9 de April de 2010.
Romania	X		n/a	n/a
Slovakia	X		n/a	n/a
Spain		X	Ambiguous	2006
Sweden		X	Very supportive	1955
Switzerland	X		n/a	n/a
UK		X	Supportive	1996 (Education Act) (England and Wales) 2006 (Current statutory curriculum) (Northern Ireland)

Comments:

Belgium – There is a qualification framework that includes terms referring to sexuality education. This framework was adopted by royal decree in 1997. In 2009 the legal ties between the framework and the basic education package were strengthened.
Ireland – The Minister for Education and Science has established a national forum on school patronage with the intention of transferring Catholic schools to other patrons. This should have an impact on the delivery and quality of sexuality education.
Poland – Due to economic problems in education in Poland, lessons on preparation for family life (of which sexuality education is a small part) are not offered in most schools. The lack of proper education is addressed by the implementation of educational sessions by NGOs (e.g., TRR is implementing sex education in Zielona Gora, Wroclaw, Warsaw and Opole). Those programmes are funded mostly by local municipalities as part of health promotion for young people.
Switzerland – In some cantons, there are compulsory school curricula or political decisions supporting sexuality education but not in all.
UK – There are laws in England, Wales and Northern Ireland but not in Scotland. In Scotland there's no compulsory curriculum, although there is guidance recommending teaching about sex and relationships.

2.3 Is there a national government policy on sexuality education?

Country	No	Yes	Which year was it published?	What are the overall goals of the policy?	Is sexuality education included in any other broader education policy?
Austria		X	1970, updated 1990	- Sex education should contribute to healthy mental behaviour. - Sex education should support the development of a sound value system. Sex education has to be integrated in different levels and subjects (like religion, biology, languages, psychology, etc.) in order for students to create a sound understanding and sense of responsible sexual behaviour. The implementation of the guidelines is strongly supported by co-operation with parents, educators and the school community.	Yes. Sexuality education is a general principle of the School Organisation Act.
Belgium		X	1997 by decree of the Flemish government	There is mention of sexuality education items in the Flemish cross-curricular items list in the qualifications framework (this was not passed by law, but by an enactment in). Schools have to be able to show that they made an effort to reach the qualifications standards. They are not obliged to actually reach the standards.	Yes. It is vaguely included in the policy on youth.
Cyprus		X	2011	Health promotion on an individual and social level The promotion of individuals as agents of health creation in their self, school, home and community	Yes – within the health education curriculum for primary and secondary public schools within the Republic of Cyprus (Ministry of Education and Culture, 2010) – see below in analysis of changes section. Ioannou, S., Kouta, C., & Charalambous, N. (2011). "Moving from health education to health promotion: developing the health education curriculum in Cyprus." Health Education, (112), 153–160.
Czech Republic		X	2010	The school curriculum includes "basic sexual education" and other sexuality education topics, but specific goals were not identified (only general goals for education and health).	Yes

Country	No	Yes	Which year was it published?	What are the overall goals of the policy?	Is sexuality education included in any other broader education policy?
Denmark	X		n/a	n/a	Yes. No changes since 2010, but the Ministry of Children and Education has published specific recommendations that describe the role and responsibilities of the municipalities within the field. The DPA has worked closely with the ministry in developing the recommendations.
Finland		X	2003	Health education in Finland aims to promote competence in support of health, safety and well-being. This competence includes theoretical, social, emotional, functional and ethical skills along with information acquisition skills. Health competence involves the ability to assume responsibility for promotion of one's own health and that of other people. Sexuality education is a part of health teaching. Sexual health core content consists of human relations, sexuality, behaviour, values and norms.	Yes
Germany		X	1977 / 1995	Access to comprehensive sexuality education Prevention of youth pregnancies (unintended) Prevention of STIs/HIV Strengthening gender equity	Yes
Ireland		X	1995 (Department of Education and Science Circular M4/95) 1996 (Department of Education and Science Circular M20/96) 1997 (Department of Education and Science Relationship and Sexuality Education Policy Guidelines)	"Through Relationships and Sexuality Education, formal opportunities are provided for young people to acquire knowledge and understanding of human sexuality, through processes which will enable them to form values and establish behaviours within a moral and spiritual framework." Department of Education and Science Circular M4/95	Yes – 1999 School Development Planning
Latvia	X		n/a	n/a	No
Lithuania	X		n/a	n/a	A programme "Preparation for Family Life" as well as "Guidelines on Training for Family and Sexuality Education" are approved by the Ministry of Education.
Poland		X	2009	Knowledge about sexual life, family values, conscious and responsible parenthood, prenatal life, means of conscious procreation	NA

Country	No	Yes	Which year was it published?	What are the overall goals of the policy?	Is sexuality education included in any other broader education policy?
Portugal		X	1984 (Law nº3/84 on sexual education and family planning) 2009 (Law 60/2009 of 6 August, which defines sexuality education at primary and secondary education levels and curriculum guidelines suitable for different education levels) 2010 (Despach n.º 196-A/2010 in Diário da República, 1.ª série N.º 69 regulates the Law 60/2009).	Law 60/2009 of 6 August has 13º articles that establish the implementation of sexuality education at school, the purpose and scope of sexuality education at school, methods, curriculum content, how schools will organise a programme and implement it, how sexuality education will be implemented in the classroom, teaching/training staff, the partnerships that can be used, the implementation of a student counselling cabinet and how school community participation and evaluation will happen	Yes – in the Education for Health programme. Also see comments under question 1.6. The political and economic reorganisation that Portugal faced, especially in the last year, and the reorganisation of several government bodies, has had an impact on sexuality education. As a result of the Ministry of Education's reorganisation of the civic education discipline, sexuality education has been diminished. Schools can now allocate the time previously given to civic education according to schools'/students' needs. This means that some schools will continue to use those hours for sexuality education programmes and activities, but others might not.
Romania	X		n/a	n/a	Sexuality education is included in health education, part of the optional school curriculum.
Slovakia		X	Education for Marriage and Parenthood used to be mandatory since 1996.	The goal is to introduce mandatory sexuality education, not as a stand-alone subject but as part of either the religion or ethics curriculum. However, with the ongoing school reform, sexuality education has been changed from mandatory to voluntary.	The school system in Slovakia went through a reform. The outcome is that around 60% of school subjects are mandatory; the rest can be chosen by the schools. Sexuality education is not mandatory now – it depends on the school.
Spain	X		n/a	n/a	Yes, as mentioned before.
Sweden	X		n/a	n/a	No, but every school must have an Equal Treatment Plan (regulated by law), which states what the school should do to ensure all pupils are treated equally, regardless of gender, ethnicity, religion, sexual orientation or disability. This plan should be revised every year.
Switzerland	X		n/a	n/a	In some cantons, there are compulsory school curricula or political decisions supporting sexuality education. But not in all. Mostly they state an STI prevention mission.

Country	No	Yes	Which year was it published?	What are the overall goals of the policy?	Is sexuality education included in any other broader education policy?
UK		X	2000 (Guidance on delivering SRE in England) 2002 (Wales) 2001 (Scotland) 2007 (Northern Ireland)		No

Comments:

Cyprus – The Ministry of Education is the legal entity mandated to decide what subjects are taught within the school system in Cyprus. At the beginning of 2012, sexuality education was included within the subject health education (which is itself a new subject, beginning in 2012) in primary and secondary education. In addition, human reproduction is taught within the biology discipline. Therefore, even though there is no national law for the inclusion of sexuality education in the formal curriculum, sexuality education has been made mandatory at all primary and secondary levels of education on a cross-disciplinary basis, according to the legal powers granted to the Ministry of Education to do so. This is considered a national policy. The subject of sexuality education is shared between home economics teachers, who teach health education, and biology teachers, who teach human reproduction. The health education curriculum was designed in 2010–2011 and implemented in schools in 2012. The programme consists of the following major thematic areas: 1) personal development and empowerment 2) healthy lifestyle and safety 3) development of social self 4) creating active citizenship. Each thematic area consists of subthemes. Family planning and sexual reproductive health are incorporated in the area of development of social self, which is taught at pre-primary school (children aged 5); at all levels of primary school (pupils aged 6–11 years); in secondary school (pupils aged 12–16 years); in first, second and third grade of gymnasium and first grade of lyceum.

Czech Republic – Ongoing changes to the curriculum were made in the area of "education to health". These changes were pushed through by a working group, including representatives of the Christian-oriented committee on the defence of parental rights. The representatives emphasised family-related topics, marriage and sexual abstinence as a form of prevention against STIs. These changes will enable all schools to teach sexual education and will offer scope for a wide range of approaches to this topic, including, for example, information on issues of homosexuality and contraception. As of 2012, changes in the curriculum are still ongoing, and only a draft of the new curriculum exists.

Denmark – No major changes, but the Ministry of Children and Education has published specific recommendations that describe the role and responsibilities of the municipalities within the field. The DFPA, the Danish Family Planning Association, has worked closely together with the ministry in developing the recommendations.

Slovakia – Public discussions on implementing sexuality education in schools have been opened, particularly with regard to marginalised groups and youth at risk. Two teachers from eastern Slovakia published an open letter on the Internet to the Ministry of Education in which they, among other issues, stress the importance of comprehensive sexuality education that would also take into consideration the particularities of the family and social background of Roma children and young people. The Minister of Education attended their school and made a public promise to address the situation. According to articles published in different media, public schools in Slovakia are open to implementing more comprehensive sexuality education, while church-based schools are opposed to this concept. The official statement by the Ministry of Education indicates that the ministry is prepared to discuss the implementation of sexuality education as a separate subject, and that they consider discussion on this matter with church-based schools to be very important.

Sweden – The Discrimination Act also covers schools, including both prevention of discrimination and degrading treatment. Today there is an increased focus on sex and relationships, including LGBT issues. Sexual education is also mentioned in the policies of the Swedish Institute for Communicable Disease Control and the Swedish National Institute of Public Health.

2.4 Do local, regional and/or municipal governments have any responsibility for sexuality education policies?

Country	No	Yes	Comments
Austria	X		n/a (There is a national policy.)
Belgium		X	The Flemish government has responsibility (the federal government does not).
Cyprus	X		n/a
Czech Republic	X		n/a
Denmark		X	Local governments have overall responsibility for the local schools within a framework provided by the national government.
Finland		X	Municipalities have a responsibility to organise health education, which includes sexuality education.
Germany		X	State governments are responsible for schools. Regions and municipal governments have to ensure sufficient counselling services in the field of SRHR.
Ireland	X		n/a
Latvia	X		n/a
Lithuania	X		Municipalities have included health-care programs in their agenda, but no priorities are given to reproductive health or sexual education.
Poland	X		n/a
Portugal		X	Yes. Regional governments of Azores and Madeira also have responsibilities for the provision of sex education policies. The regional government of Azores recently approved a new sex education policy.
Romania	X		n/a
Slovakia	X		n/a Since the regional governments are responsible for the school system, they can influence the provision of voluntary sex education. However, they are not responsible for the context of education and they usually do not interfere. The official curricula of sexuality education have been published, and these are binding for those schools that provide sexuality education.
Spain		X	The Ministry of Education has overall responsibility, but the responsibility for developing the general norm (law) is transferred from central government to the autonomous communities' governments.
Sweden		X	All counties have a coordinator for prevention of HIV/STIs and unwanted pregnancies and a plan/policy for this, which includes aspects of sexuality education. Some counties and municipalities have more specific programmes on how to support sexuality education in school, through training, guidance and evaluation.
Switzerland		X	Each canton is responsible for sexuality education. If the canton doesn't issue directives, than each municipality can decide on the organisation of sexuality education.
UK	X		n/a

2.5 Is there a government strategy / implementation plan / action plan for sexuality education?

Country	No	Yes	Who is responsible for monitoring progress?	What indicators are used to measure progress?	Are there regular reports to the parliament on progress?	Which major sources of evidence are used to underpin the strategy/ implementation plan/action plan?
Austria		X	Regional school authorities – teachers' working groups examine didactics and methods and exchange ideas and experience.	NDA	No	NDA
Belgium		X	Sensoa	Knowledge on HIV/AIDS, STIs, contraception, etc. Attitudes towards homosexuality, PLHIV, condom use, ideals in life course, etc. Satisfaction with sexuality education by students, teachers and stakeholders	No	Elchardus (2008), *Health Behaviour in School-Aged Children* studies JOP Monitor National Health Inquiry Yearly reports by Institute for Statistics Studies by universities (SEXPERT I&II – in progress).
Cyprus		X	Within the health education curriculum for primary and secondary public schools within the Republic of Cyprus (Ministry of Education and Culture, 2010)	Indicators of skills acquired and knowledge gained by students –there are no social indicators to measure changes on a wider scale.	It remains to be seen, since this is the first year of implementation.	ASTRA research (2006) Knowledge and Attitudes of Young People on Sexual and Reproductive Health European Network of Health Promoting Schools (ENHPS) WHO Regional Office for Europe WHO BzG Guidelines and Standards Empirical studies published in Academic Journals, i.e., Silva, M. (2002). "The effectiveness of school based sex education programs in the promotion of abstinent behaviour: a meta-analysis." Health Education Research, 22 (6) 864-878 SIECUS Guidelines IPPF Charter of Sexual Rights Cyprus Family Planning Association.
Czech Republic	X		n/a	n/a	n/a	n/a
Denmark		X	The local government	None	No	None
Finland		X	The Finnish National Board of Education (FNBE)	None	No	NA
Germany		X	Federal Centre of Health Education (BZgA)	Evaluation of sexuality education materials Surveys and research in the field of youth sexuality Mandatory abortion statistic by the Federal Statistical Agency	From time to time	Research
Ireland		X	Individual schools	None	No	None
Latvia	X		n/a	n/a	n/a	n/a
Lithuania	X		n/a	n/a	n/a	n/a
Poland	X		n/a	n/a	n/a	n/a
Portugal		X	Ministry of Education – referenced in the Law 60/2009 and Despach n.º 196-A/2010 in Diário da República, 1.ª série — N.º 69 — 9 de April de 2010	NDA	No – at least not yet because this law is going to be implemented now in the school system.	In 2001/2002 some evaluation was conducted through questionnaires sent to schools. In 2005 a task force (GTES, Working Group on Sex Education/Health) was created with the goal of proposing the general parameters of sexuality education programs in schools. In 2007 a questionnaire was sent to basic education (second and third grade) and secondary school board members in order to evaluate the promotion of health education in Portugal. (First grade – 6–9 years old; second grade – 10 and 11 years old; third grade – 12–15 years old.)
Romania	X		n/a	n/a	n/a	n/a
Slovakia	X		n/a	n/a	n/a	n/a
Spain	X		n/a	n/a	n/a	n/a
Sweden	X		n/a	n/a	Sometimes the Swedish National Agency for Education was given specific projects on sexuality education (like 2008-2010, see 2.6 below), which must be reported back to the government, which reports to the parliament.	n/a
Switzerland	X		n/a	n/a	n/a	n/a
UK	X		n/a	n/a	n/a	n/a

Are any of the following topics addressed in a dedicated sexuality education strategy/implementation plan/action plan OR as part of any other government educational strategy/implementation plan/action plan?

Country	STIs incl. HIV/AIDS	Contraception	Unplanned pregnancies	Gender-based violence	Child protection	Gender stereotypes	Self esteem	Developing healthy relationships	Sexuality education	LGBT youths	Drugs and alcohol	Stigma related to HIV/AIDS	Vulnerable young people
Austria	X	X	X	X	X	X	X	X	X	X	X	X	X
Belgium	X	X	X	X	X	X	X	X	X	X	X	X	X
Cyprus	X	X	X		X	X	X	X	X		X		
Czech Republic	X	X	X		X	X	X	X	X		X		X
Denmark	X	X	X				X	X	X		X		X
Finland	X	X	X	X	X	X	X	X	X	X	X	X	X
Germany	X	X	X	X	X	X	X	X	X	X	X	X	X
Ireland	X	X	X	X	X	X	X	X	X	X	X	X	X
Latvia	X	X	X	X	X	X	X	X					X
Lithuania	X	X							X				
Poland	X	X	X		X		X	X	X		X	X	X
Portugal	X	X	X	X	X	X	X	X	X	X	X	X	X
Romania													
Slovakia	X	X	X	X	X	X		X	X	X	X		
Spain	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Sweden	X	X	X	X	X	X	X	X	X	X	X	X	X
Switzerland	X	X	X	X	X	X	X	X	X	X	X	X	X
UK	X	X	X					X	X		X		
Total	**16**	**16**	**15**	**10**	**13**	**12**	**13**	**15**	**15**	**9**	**14**	**9**	**12**

Comments:

Czech Republic – It is possible to teach those topics, but they are not compulsory.
Cyprus – There is a manual for implementation of the health education programme taught by teachers of domestic economics in secondary education, and guidelines for teaching sexuality education are included within this document, but not for sexuality education at an interdisciplinary level that cuts across both disciplines involved (biology and domestic economics) at secondary level. There is also a manual on the implementation of the health education programme for primary education, which was developed by the Cyprus Family Planning Association, and purchased by the Ministry of Education for use in primary sexuality education. Progress is monitored by teachers, students and schools.
Denmark – In the municipality of Copenhagen, there is a big prevention programme aimed at gender crimes.
Germany – There was more attention given to, and projects developed for, disabled children and youth.
Poland – A growing number of disclosed sexual crimes against children in Poland brought some reflection from the policy-makers and highlighted the need to include the subject of child protection in prevention policies implemented by schools. Unfortunately, that subject is left only to those school personnel responsible for recognising the symptoms of sexual abuse of children. The stigma related to HIV infection is now part of the National Programme on HIV/AIDS Prevention.
Portugal – The Department of Health Education in the DGE (General Education Board) has been dismissed.
Romania – Sex education is included in the optional school curriculum. According to Romanian regulations, every year one optional discipline can be included in the school curriculum. It is possible to change the optional discipline in the second semester of the school year. Under this regulation, optional disciplines should be selected from the Ministry of Education's list of optional disciplines by a committee involving the principal of the school, the class tutor and one representative of the parents' association. In high schools, students have one participant in this selection committee. In reality, the optional discipline is selected for each class by the class tutor, based on his/her relationships with other teachers in the school. (It actually facilitates the possibility of providing more hours and securing more payment for teachers.) The other members of the committee are just signing the document stating that there was a common decision.

Sweden – Still no policy, but it is included in the curriculum for 2011. As a result, there have been several implementation conferences for sexual education.
Switzerland – A new project was started in 2010 by the Competence Centre for Sexuality Education and School at the Educational University of Central Switzerland, which has continued to develop. It aims to train teachers on sexuality education and to include sexuality education in the school curriculum. To date:
Training curricula for teachers have been defined, and a pilot phase has been implemented in two higher education schools of pedagogy in the German-speaking part of Switzerland.
The issue of including sexuality education in schools' programmes is actively contested by the initiative "Against sexualisation in schools" ("Contre la sexualisation de l'école") conducted by a committee of politically conservative and fundamentalist religious groups.
The Competence Centre mandate, funded by the Federal Office of Public Health, will end in 2013. It will not be renewed. Santé Sexuelle Suisse will take over and will propose a follow-up plan at the Conference of the Public Instruction Directors.
UK – The Department of Education is currently reviewing PSHE (personal, social, health education) in schools. They have made it clear that the review will not result in more SRE in schools. There are now many new academies and free schools being set up, which have more freedom in what they teach or do not teach. Many of those being established are faith-based, leading to concerns about the status of SRE going forward.

2.6 Is there a budget for sexuality education?

Country	No	Yes	What is the annual budget?	What is the actual expenditure for the last available year?
Austria		X	NA	BMWFJ: EUR 20,000 (for printing 50,000 brochures for young people) BMUKK: It varies, depending on the type of project. Last year EUR 20,000 was spent (for new teachers' didactic material). 2012: No official figures available
Belgium	X		n/a	n/a
Cyprus	X		n/a	n/a
Czech Republic	X		n/a	n/a
Denmark	X		n/a	n/a
Finland	X		n/a	n/a
Germany		X	NDA	NDA
Ireland		X	NDA	NDA
Latvia	X		n/a	n/a
Lithuania	X		NDA	NDA
Poland	X		n/a	n/a
Portugal	X		n/a	n/a
Romania	X		n/a	n/a
Slovakia	X		n/a	n/a
Spain	X		n/a	n/a
Sweden	X	X	NDA	USD 1.2 million
Switzerland		X	No figures for the whole country, but, as an example, the Vaud Canton has (2012) a yearly budget of CHF 1,302,437 (EUR 1,076,620)	Again in the Vaud Canton, in 2011 the spending was CHF 1,253,004 (EUR 1,035,750) covered by a grant from the Public Health Service (CHF 787.139), by the Unit of Health Promotion and School Prevention from the Department of Training, Culture and Youth (CHF 465.442) and by the Association Ciao (CHF 27.738) for online counselling.
UK	X		n/a	n/a

Comments:

Belgium – There is no specific budget, but there is a budget for funding sexual health prevention and promotion activities (this funds activities at Sensoa). No major changes occurred in the budget for the promotion of sexual health.
Czech Republic – NGOs can apply to the Ministry of Education for grants (e.g., on prevention of risk behaviour). The funding can be used in many different ways, such as buying equipment, training teachers or providing external tutors for pupils.

Cyprus – The budget for sexuality education can be included in the other subjects in which it is taught.
Portugal – Between 2007 and 2011, the Ministry of Education opened calls for proposals to schools and provided small grants (EUR 1,500 maximum) for health education projects. In 2012 these grants were subject to severe cuts due to the financial crisis.
Slovakia – There were no changes since 2010. However, two of SFPA's projects on sexuality education have been supported by the government with a budget of EUR 34,000.
Sweden – Sexuality education is still integrated in the overall budget for the school. The Swedish Agency for Education was commissioned in December 2011 to promote gender equality during 2012–2014. One issue is further training in sexuality education for teachers. This should be done in co-operation with RFSU. It will be evaluated in late 2012. The Swedish National Board of Youth Affairs was (in June 2012) commissioned by the Minister of Equality to educate personnel in schools, youth clinics, police and other professions working with young people in the subject of youth, masculinity and violence. The project will continue from 2012 to 2014.

2.7 Who is responsible for curriculum development (e.g., teachers, schools, Ministry of Education)?

Austria	Ministry for Education
Belgium	Schools are responsible and have the right to choose their own curriculum, although they have to include the qualifications framework. Umbrella institutions for schools offer support in developing the curriculum.
Cyprus	The curriculum is developed by a scientific committee for curriculum development. It is then submitted by the Ministry of Education to the Council of Ministers for approval. Educational material is developed by a group of teachers assigned for this purpose, given to the inspectors of each subject and approved by the inspectors.
Czech Republic	Ministry of Education, Youth and Sport CR, schools
Denmark	Ministry of Children and Education
Finland	Ministry of Education, Board of Education, schools, teachers
Germany	State ministries of education or culture (16 states)
Ireland	Ministry of Education and Science
Latvia	Working group developed by the Ministry of Education (includes all possible stakeholders)
Lithuania	Ministry of Education and Science
Poland	Ministry of National Education, teachers
Portugal	Some guidelines came from the Ministry of Education: Schools will implement the sexuality education themselves. In 2005, a task force (GTES; Working Group on Sex Education/Health) was created by the Ministry of Education to evaluate schools' sexuality education programmes. This group created a document on the topics that should be included in a sexuality education programme.
Romania	Ministry of Education, Research, Youth and Sports
Slovakia	The state is responsible for the content and implementation of sexuality education as part of preparing young people for marriage and parenthood. The official guidelines for sexuality education are developed by the Methodical Centre, which is the agency responsible within the Ministry of Education.
Spain	There is national legislation, developed by the autonomous communities, and each centre has the final word on the development of the curriculum.
Sweden	The Swedish National Agency for Education – but the curriculum they develop is more of a framework – pointing out areas of sexuality education, like STIs, contraception, puberty, sexuality, gender, love, relationships and responsibility. The curriculum is not specified in much detail, so it is up to the school and teachers to provide specific content. Each school/teacher is supposed to have a working plan, or make a local "curriculum".
Switzerland	No identified responsibility, but the following partners are included: cantonal directors of public education, cantonal directors of public health, single sexual health services and the Competence Centre for Sexuality Education and School at the Educational University of Central Switzerland, Santé Sexuelle Suisse.
UK	For those elements of the curriculum that are statutory (which are mainly delivered through science), the main government department oversees curriculum development, often through an arm's length body. For non-compulsory elements, the central government provides guidance on the curriculum, but individual schools can decide whether or not they want to implement this or an alternative curriculum (or nothing at all).

2.8 Do any of the following have any input into the curriculum?

The most common groups to have input on the curriculum, in descending order, are health-care professionals (12), NGOs (11) and religious groups (11), parents (9) and young people (7).

Others who influence the curriculum are education professionals (teachers, advisers, researchers, teachers' trade unions, etc.), political parties/working groups (from government or parliament) and cantonal directors.

Country	Parents	Young people	Religious groups	Health-care professionals	NGOs	Others
Austria	X	X	X	X	X	Education professionals People responsible for the administration of child care at the regional level
Belgium		X (They were asked to evaluate the existing curriculum.)	X (for religion classes only)		Sensoa was consulted during the development of the latest curriculum.	Stakeholders in the curriculum were questioned on the previous curriculum. Their evaluations were integrated into the new curriculum.
Cyprus	n/a	n/a	n/a	n/a	n/a	n/a
Czech Republic	X		X		X	Amendments to the curriculum are made by a working group. There's a possibility for wide-ranging discussion.
Denmark	X	X		X		Teachers, advisers and researchers in the pedagogical area
Finland	X	X	X	X	X	
Germany	X	X	X	X	X	Political parties, education professionals, teachers' unions
Ireland	X		X	X		
Latvia	X		X		X	n/a
Lithuania			X			Anti-choice NGOs (National Association of Parents and Families)
Poland			X	X	X	Teachers' Trade Union, Parliamentarian Commission on Education, Science and Youth
Portugal						
Romania				X	X	
Slovakia			X	X	X	
Spain		X		X		
Sweden		X		X	X	Teachers, headmasters, universities
Switzerland	X			X	X	Cantonal directors of public education, cantonal directors of public health, single sexual health services and the Competence Centre for Sexuality Education and School at the Educational University of Central Switzerland
UK	X	X	X	X	X	

Comments:

Cyprus – NGOs (i.e., CFPA) and other experts and stakeholders have provided input to curriculum development through a consultation process. On an informal level, a religious group (tied to the Orthodox Christian Church), certain individuals, as well as other interest groups, try to influence curriculum development in numerous ways. On a formal level, the CFPA trains teachers (primary and secondary) through classes at the Pedagogical Institute of Cyprus and has provided a manual of primary education material (curriculum implementation activities, "The First Steps") for the delivery of primary sexuality education to be used as a reference and guide by primary schools.
Slovakia – The public were given an opportunity to discuss the curricula and provide an input in the preparation phase via a web page.
UK – Religious groups and NGOs are sometimes consulted by schools. Parents, young people and health-care professionals are sometimes consulted by schools and are able to take part in government consultation exercises.

2.9 Which age groups are targeted for sexuality education?

Austria	From 3 years (health education) to high school graduation
Belgium	3–18
Cyprus	Pre-Primary (age 5) Primary (ages 6–11) Secondary (ages 12–16) Family Education and Home Economics are taught in second and third grade of lyceum (ages 16–17) as optional courses.
Czech Republic	>3
Denmark	6–16 (all grades)
Finland	11–16
Germany	From about 8 years on
Ireland	5–18
Latvia	All of the sexuality education is a part of social sciences, and it is targeted to all pupils attending schools in Latvia.
Lithuania	6–18
Poland	11–19
Portugal	5/6–18
Romania	>13
Slovakia	Theoretically from the beginning of school age, but, in practice, sexuality education begins at around the age of 12 or 13.
Spain	Compulsory for secondary education, optional for primary education
Sweden	6–19, but mostly stressed in school year 5 or 6 (students are 11–12 years old) and 8 and 9 (14–16 years old). Sexuality education in the upper secondary high school (16–19 years old) has increased during this year.
Switzerland	5–20 years old Sub-groups at schools: 6/7 10/11 14/15 16–18
UK	The compulsory elements of sex and relationships education should be delivered to young people at secondary school, which is from age 11. It is recommended that schools deliver this education in an age-appropriate way to younger children, but this is not compulsory.

2.10 Is the sexuality education linked to information/education on how/where to access services?

Country	No	Yes
Austria		X Information about services lines, counselling centres, etc. is provided.
Belgium		X
Cyprus		X
Czech Republic	X	
Denmark	X	
Finland		X
Germany		X Often yes, but it depends on the schools and the states.
Ireland	X	
Latvia	X	This depends in part on the enthusiasm and knowledge of teachers.
Lithuania	X	
Poland		X The NGOs running supplementary in-school sexuality education usually include the part about services and where to look for help in the content of their educational sessions. The official curriculum of preparation for family life doesn't include any referral information.
Portugal		X
Romania	X	
Slovakia		X
Spain	X	
Sweden		In places where there is a youth clinic (or one nearby), teachers generally bring classes there, most commonly in grade 8, sometimes in grade 6 or 7 (12–13 years old). Sometimes staff from the youth clinic come to the school during sexuality education. They refer to the youth clinics and also the school nurse and school counsellor/social welfare officer. The latter two are sometimes directly involved in sexuality education. UMO is a national online youth clinic for young people between the ages of 13 and 25. The aim of the website is to make it easier for young people to find relevant, up-to-date and quality-assured information about sex, health and relationships. The development of UMO has been financed by the government. Many schools and teachers today use the website in education.
Switzerland		X
UK		Sometimes schools provide this information. This is considered to be good practice, but we are aware that it does not happen everywhere.

2.11 Do teachers undergo training to provide sexuality education?

Country	No	Yes
Austria		X Yes, but on a voluntary basis
Belgium	X	
Cyprus		X Yes, but not every teacher is trained. Training is optional for secondary school teachers. At primary level, a unit of teachers was trained to act as a support system for the implementation of sexuality education within each school. Primary teachers can find resources and support from this unit. Teachers at both primary and secondary levels are largely trained by CFPA and sometimes by other professionals (i.e., social psychologists).

Country	No	Yes
Czech Republic	X	It isn't compulsory, but it is possible: In most cases, sexuality education is not a separate subject – it can for instance be taught in biology, health or civic education courses, and teachers usually teach these topics without training. If they are interested, they can attend this kind of training, but there is no specific regulation for it.
Denmark	X	
Finland		X
Germany		X
Ireland		X
Latvia		X
Lithuania	X	
Poland		X It is obligatory to have a postgraduate diploma in sexuality education in order to teach those lessons in schools. Those studies are run by the three state universities (Warsaw University, Warsaw University of Physical Education, University of Zielona Gora) and some private universities, including those related to the Catholic Church.
Portugal		X Yes, but there is a lack of teacher training on sexuality education. Responsibility for this training is likely to belong to the Ministry of Health. In 2010 and 2011, many schools organised training activities for teachers, contracting APF and other training providers. In 2012, teacher training centres have been organising day seminars on sex education.
Romania		X There were two major projects funded from the European Social Funds implemented by the Romanian Ministry of Education, with around 2,000 teachers trained in health promotion. The Ministry of Education reports that more than 2.5 million young people participated in sexuality education hours in schools. This figure is not confirmed by young people. Most of them state that in their school, even when health education is provided, it does not include sexuality education. This information is confirmed also by many teachers. But it is important to mention that this information is not confirmed by any survey or research.
Slovakia		X Yes, but it is not systematic. It is only provided upon request.
Spain	X	
Sweden		X Since 2011, it is compulsory for teachers of grade 4–6. It is provided by counties, municipalities and NGOs. Some universities offer more advanced further education for teachers.
Switzerland	X	
UK	X	

Comments:

Belgium – Training to provide sexuality education is not part of the formal curriculum of teachers. Depending on their personal interests, individual teachers can decide whether or not to take training courses on sexuality education offered by the Sensoa training centre.
Slovakia – No major changes – the SFPA project offers such a possibility and has made contact with the Methodological-Pedagogical centre to discuss possible co-operation in this field and in developing a programme for teachers with an accreditation.
Sweden – It is important to recognise that although Sweden has had compulsory sexuality education in school for 50 years, teachers don't have to take any courses on this subject at university. An inquiry made by RFSU in 2004 showed that only 6% of teachers had any education on sexuality. In addition, the municipalities oversee Swedish schools, and it is the responsibility of the headmaster to make sure that the quality of the education is high. This means that it is the headmaster who has to make sure that the teachers are qualified enough to give high-quality classes on sexuality education. From 2011 it will be compulsory at teacher training (university education) for teachers who will teach grade 4–6 (when pupils are 10–13 years old).

2.12 Is the implementation of sexuality education programmes monitored and evaluated?

Country	No	Yes	Details
Austria	X		n/a
Belgium	X		
Cyprus		X	Progress in terms of whether the educational goals set for sexuality education have been reached is monitored and evaluated by teachers, students and schools. However, a wider evaluation of sexual health indicators and how they relate to the proper implementation of sexuality education is not included in the Guide for Implementation of Sexuality Education in Cyprus.
Czech Republic	X		n/a
Denmark		X	Sex & Samfund has begun the process of carrying out a new national evaluation. It will be published during 2012.
Finland	X		n/a
Germany		X	Not systematically; each state is responsible.
Ireland		X	Each school is responsible for monitoring and evaluating sex education programmes. They are then required to report back to the school's board of management. The Inspectorate of the Department of Education and Skills is responsible for inspecting and evaluating the quality of schooling, including sex education. However, in practice, sex education is rarely evaluated by the Inspectorate.
Latvia	X		NA
Lithuania	X		n/a
Poland	X		Preparation for family life lessons are included in the system of school education and, consequently, they are monitored and evaluated like every other lesson. But there are no common nationwide standards for that evaluation. This means that the interpretation of the quality and content of those lessons rests with the regional education advisors. As a result, the content of the curricula can be very different from one region to the next, depending on the personal attitudes of the local advisors (if that person is firmly Catholic, the content of the lessons will probably exclude subjects related to sexuality education).
Portugal	X		There has not been consistent monitoring of the sexuality education projects over the last years. However, if we take all existing laws into account, there is reference to the need for mechanisms to ensure the quality of sexuality education. At the moment, the Ministry of Education is in charge of the monitoring, supervision and coordination of health education and sexuality education in schools and is responsible for periodic evaluation based on reports (from questionnaires) conducted in schools.
Romania	X		n/a
Slovakia	X		n/a
Spain	X		n/a
Sweden		X	The Swedish Agency for Education has been mandated (December 2011) to promote gender equality during 2012–2014. One issue is further training in sexuality education for teachers. The first report came out in January 2012. The Swedish Agency for Education has offered one course of 7,5 ECTS at four universities, but, unfortunately, there has been little interest. There have also been three conferences about the integration and mainstreaming of sexuality education into different subjects.
Switzerland	X		n/a
UK	X		Not universally

2.13 Describe any major policy gaps or obstacles to the provision of high quality sexuality education.

Austria:

Schools have to implement many different cross-curricular subjects during the regular curriculum, which means some teachers feel overloaded.
Because of parents' differing expectations, it is hard to find a consensus on what should be taught. This often leads to a basic package that includes only biological education.
As public finance is scarce, external experts are not affordable for every class.

Belgium:

Schools are free to organise education, including sexuality education, as they wish. This means that no government control is possible. The qualifications framework is a good set of guidelines, although schools are not obliged to reach any of the standards – they only have to prove that they made an effort to reach them. Some schools make a lot of effort and provide good quality sexuality education; others make minimal effort and achieve hardly any results.
There is no budget for professional sexuality educators, which means that teachers often have to provide sexuality education themselves. However, sexuality education is not generally part of teacher training, leading to variations in quality.
Sensoa has developed a manual of sexuality education for secondary school teachers, which was presented in 2011 in the premises of the Department of Education.
Presently, the school curriculum is being revised by the Ministry of Education – this might create an opportunity to have sexuality education integrated with the new curriculum.

Cyprus:

Proper monitoring and evaluation, as well as proper teacher training on a cross-disciplinary level, is needed in order to maintain a cohesive attitude around sexuality education and avoid providing conflicting information to students.

Czech Republic:

Sexual education is not an individual subject at schools but is divided into several subjects.
Only the "education to health" (formerly "family education") teachers receive training on sexuality education. The topic is taught in elementary schools only, and sometimes it is taught by teachers who are trained in very different subjects. The ministry's curriculum is very general and not clear, and the concrete content is decided upon by the schools and teachers. As an example, for the programme "sexual health – responsible attitudes to sexuality", it is up to the schools and teachers to decide whether to cover contraception (although it is included in most textbooks), or just sexual abstinence.
Religious groups also protest against sexuality education, which is another major obstacle.

Denmark:

Lack of (political) priority (both from the minister, the municipalities and in schools)
Lack of cooperation between the Ministry of Health and Ministry of Education
Lack of education/training of educators
Failure of schools to focus on teachers who have special knowledge and responsibility (and time) for training on sexuality education
Sexuality education has no required number of lessons. This means that both the quantity and quality of sexuality education has huge variations from school to school.

Finland:

Still not well organised in vocational schools

Germany:

The quality of sexuality education in schools varies according to the different minimum standards of each Bundesländer and the curricula, but in many cases it is considered inadequate. Regulators and teachers often think of sexuality education exclusively as knowledge of biology and the human body. As a result, emotional demands, discussions with pupils, gender aspects and gender-segregated training are often neglected. The concept of sexual and reproductive health and rights is not yet integrated into sexuality education in schools.

Ireland:

Lack of monitoring and evaluation from the Department of Education and Skills has resulted in poor and inconsistent implementation of comprehensive sexuality education.
Each school determines the topics covered in the sex education programme in accordance with the ethos of the school. The majority of schools in Ireland subscribe to a Catholic ethos and regularly do not include recommended curriculum topics such as contraception, homosexuality, abortion or masturbation.

Latvia:

There is no sexuality education as such. Sexuality education is not seen as a separate topic but placed in the broader framework of health education (although its importance is stressed in all advocacy activities of Papardes Zieds (the Latvian MA)). Despite the fact that health education was recognised as a priority by three government declarations, no real steps have been taken so far. Health education is also mentioned in other political documents such as the public health strategy and the youth strategy. The main gap is the continuous reform of the education system in Latvia: The education system has been under reform for more than 10 years.

Lithuania:

There is no government strategy or implementation plan to provide comprehensive sexuality education in Lithuania. The Ministry of Education and Science conducting the programme "Preparation for Family Life" promotes conservative attitudes and Catholic values. None of the pro-choice NGOs had any influence on preparing the curriculum of the programme. Only recommendations from anti-choice NGOs and religious groups were taken into account.
There is no monitoring or evaluation of the programme. The only report produced focuses on the possibilities of its integration into other subjects and on the values of educators. The quality of implementation depends on the leadership of schools: The distinction between sexuality education based on preparation for traditional family life and sexuality education based on science and diversity is very clear. In some schools, the programme as an integrated part of other subjects is implemented by social pedagogues, teachers or health-care providers. They lack knowledge on sexuality and on what methodology to use for preparing teenagers for family and sexual life. They lack practical abilities such as organising activities for pupils and helping parents to discuss sexuality issues with their children. Even if the content of the programme has a wide range of topics, in many schools only topics about puberty, HIV/AIDS and functions of family are covered. Gender stereotypes, gender representation in media and gender discrimination are topics almost never included in current sexuality education. The programme "Preparation for Family Life" is based on traditional values and promotes conservative attitudes to family models, roles and gender identity as well as to non-traditional sexual expressions. It also discriminates against single parents or orphans.

Poland:

Obstacles include lack of implementation of the law, lack of knowledge and skills among teachers and trainers and the strong influence of the Catholic Church on sexuality education.
The biggest problem is the lack of clear and nationwide measures for the sexuality education curriculum in Poland. The wide range of subjects included in the curriculum of the "Preparation for Family Life" lessons means that teachers and their supervisors can manipulate the content of those lessons. In practice, this is the main reason why young people don't like those lessons.
A separate problem is teachers' approach to education. Their knowledge, skills and attitudes often depend on where they received their postgraduate diploma and determine what kind of knowledge and attitudes they transfer.

Portugal:

Sexuality Education Law 60/2009 mentions that the Ministry of Education is in charge of teacher training. The department in the Ministry doesn't have adequate human resources and educational resources. In addition, teacher training on health education/sexuality education is not on the shortlist of priorities from the Ministry of Education for funding training programmes, which results in a lack of opportunities for teacher training.
Information on sexuality education can be provided using a wide variety of teaching methods (like online question forums on sexual and reproductive health, drama, help lines). However, if teachers are not trained on sexuality education, these methods will not be used.
Teachers are not familiar enough with existing guidelines, and there is a general lack of training of teachers and other related professionals on this issue.
There are no agencies to identify specific action for targeting vulnerable groups. There are not enough programmes aimed at vulnerable groups, such as adolescent mothers. TEIP – Território Educativo de Intervenção Prioritária (Educational Planning Priority Intervention) – does not include explicit guidelines on sex education.
Despite guidelines from the Ministry of Education, the lack of teacher training is the fundamental barrier. If there is no specific teacher training on sex education, the information provided is more focused on biological and preventive aspects, rather than emotional and social aspects.

No funding opportunities or other kinds of support are available from the Ministry of Education.
No sex education training or supervision is available from the Ministry of Education.
There has been no consistent monitoring of sexuality education projects over the last years. Sexuality education is part of a major framework called the Health Education Programme.
As mentioned under question 2.11, in 2010 and 2011 many schools organised training activities for teachers, contracting APF and other training providers. In 2012, teacher training centres have been organising one-day seminars on sex education.
Also see answer provided under question 2.11.

Romania:

High-quality sexuality education is a concept that is not known and understood by decision-makers. Therefore, sexuality education is reduced to contraception and STIs, and is based on the negative consequences of sexual behaviours. Teacher training facilitating sexuality education hours in schools is very short, with no follow-ups or any type of professional development opportunities.
The school curriculum is overloaded and doesn't allow the introduction of any new disciplines. Education focuses more on the transmission of information than on the development of life skills. Therefore, the integration of sexuality education is very difficult without a fundamental curricular reform. The fact that sexuality education is part of health education allows schools to avoid addressing the topics related to sexuality. Schools rarely offer health education, as it is optional.
As mentioned under Question 2.11, there were two major projects funded from the European Social Funds implemented by the Romanian Ministry of Education, with around 2,000 teachers training in health promotion. The Ministry of Education reports that more than 2.5 million young people have participated in sexuality education hours in schools. This figure is not confirmed by young people. Most state that in their school, if health education is provided, it does not include sexuality education. This information is confirmed by many teachers. It is important to mention that this information is not confirmed by any surveys or research.
The two projects mentioned above (question 2.11) did not bring any improvement.

Slovakia:

In Slovakia, sexuality education is not a separate subject but is a part of other school subjects, particularly ethics, religious education and biology. More than ten years after the Ministry of Education approved new curricula for sexuality education at the basic and primary schools, the level and quality of the education is still very low. It is common practice that adolescents do not receive relevant information on prevention of STIs, including HIV/AIDS, and unwanted pregnancy, let alone issues like sexual orientation and sexual and reproductive health rights.
In rural areas, sexuality education is very conservative. In larger cities, it is more progressive but still dependent on individual teachers. Topics such as homosexuality and sexual assault are almost universally ignored. Although pupils and parents are supposed to have the right to choose between religion or ethics lessons, sometimes no ethics option is provided at all, because a school lacks the human or financial resources. Where there is a choice, pupils receive very different information. The sexuality education incorporated into religion is very conservative and subjective: Pupils are not given an objective view on subjects such as family planning, and abstinence before marriage and natural family planning within marriage are the only options discussed. Sexuality education within ethics varies greatly, depending on the teacher's approach, and there are no modern sexuality education materials provided by schools in Slovakia. Moreover, when visual materials are used in sexuality education lessons, they tend to be produced by anti-choice groups.
The focus of sexuality education depends very much on the subject in which it is taught: Biological aspects are the focus within biology lessons, and relationship issues within religion or ethics lessons. In the first to fourth grades, pupils cover topics related to family life such as healthy lifestyle and puberty. In the fifth to ninth grades, puberty and growing up, the body and sexuality, relationships and love, drug and alcohol use, STI prevention and family planning are among topics covered. In middle schools, family and parenthood and intimate relationships are the topics covered.
Formal classroom teaching is the most commonly used teaching method. Visual materials are sometimes used, but mostly in a controversial way (such as the "Silent Scream" movie, which is an anti-choice film about abortion).
Textbooks on sexuality education, officially called "Education towards Marriage and Parenting", reflect the structure of gender stereotypes. The method and the scope of sexuality education in fact depend on the particular teacher and the nature of the school subject.
A team of sexuality education experts, teachers and human-rights advocates in co-operation with the Slovak Family Planning Association (SFPA) drafted new material – a handbook of methodology for teaching sexuality education. This has been complemented with worksheets to be used by pupils. During 2007, SFPA started distributing the materials and training teachers. At the same time, it asked the Ministry of Education for an accreditation of these materials. The Conference of Bishops of Slovakia (CBS) immediately started a massive campaign against the materials. According to the CBS „it is not a case of integral education towards sexual life, but a technical handbook. It was developed by an association not in favour of the culture of life. On the contrary, it is a well known fact about this association that it promotes ideas and values of the culture of death." They sent an open letter to the Minister of Education asking him to reject the materials as inappropriate. After the intervention of the CBS, the Ministry of Education refused to give an accreditation to the SFPA methodology. However, many teachers are using our materials as a result of the Catholic Church's

negative campaign, which is well known in Slovakia.
Due to the commitment of the Ministry of Education, SPFA expects positive developments in the future. SFPA contacted a Member of the European Parliament who committed to support the agenda and intervene with the relevant ministries. She also attended a SFPA conference on sexuality education and promised to distribute the recommendations that were proposed by participants.

Spain:

SHR is not a priority.
It is not a compulsory subject in the curriculum.
Minimum content is not specified.
Teachers do not receive training.
The education community (parents, council, etc.) is not involved.
There are interest groups providing sex education (religious people, not specialised groups, private companies).
There is opposition from Catholic hierarchy and extreme right groups.
SRH is not a priority and is becoming less of a priority.

Sweden:

Long-term strategy among school authorities on a national basis, The Swedish National Agency for Education, the Swedish School Inspectorate and the Ministry of Educations, is lacking, for example summing-up research and evaluation/follow-up of sexuality education, or advanced sexuality education for teachers.
There is an increased awareness today at higher political levels and among the school leadership, probably based on work with gender and discrimination issues.

Switzerland:

No national law for sexuality education, no training for school teachers, missing time within school curricula, no integration of sexual health in national laws, no identification of the responsibility for sexuality education

UK:

Because so much of the education young people need is not compulsory, the delivery of high-quality education is very patchy across the UK. It is not properly funded and is not seen as a priority. It is often difficult for teachers to get training on delivering sex and relationships education. As a result, many teachers who do deliver it are not trained and are therefore uncomfortable, which affects the quality of what they deliver. Many young people say the education they receive about sex and relationships is too little, too late and too biological.
The situation outlined above remains the same. In addition, since the coalition government came to power, there has been a shift to the right in some attitudes to SRE. There is a lot of focus placed on the educational materials being used in schools, and a government review is looking at the commercialisation and sexualisation of young people, highlighting concerns of parents about the nature of information their children are accessing.

3. Young people's Access to SRH Services

In only

4 out of 18 countries,

young people have input into the design and delivery of health services.

Emergency contraception is available from pharmacies without a doctor's prescription in

16 out of 18 countries

3.1 Where do young people mostly access SRH services?

Country	Primary Care (e.g., General Practitioner)	Gynaecologist	Andrologist / Urologist	Pharmacy	School	Youth friendly clinics	Hospital	They cannot access services	Other
Austria		X		X	X	X			Our First Love family planning help desks and staff members who do workshops in schools
Belgium	X	X		X	X	X			
Cyprus	X	X	X					X	Cyprus Family Planning Association
Czech Republic	X	X					X		Sexologists
Denmark	X			X			X		
Finland	X	X			X	X			
Germany		X		X	X	X			Pro familia sexuality educators, counselling centres, online counselling, social workers
Ireland	X						X	X	Family planning clinics
Latvia	X	X							
Lithuania		X	X	X	NDA				
Poland	X	X	X	X		X	X		
Portugal	X	X		X	X	X	X		
Romania	X	X		X					
Slovakia	X	X		X			X		
Spain	X	X		X		X		X	
Sweden					X	X			
Switzerland	X	X		X	X		X		Sexual health services Planned parenthood services Youth health services
UK	X				X	X			

The most common places for young people to access SRH services are primary care and gynaecologist (14), pharmacy (10), youth-friendly clinics (9), school (8) and hospital (8) in descending order. The andrologist/urologist is only occasionally an access point to SRH.

Other possible service providers for young people are family planning associations, sexologists and social workers.

3.2 Do youth-friendly health services[2] exist?

Youth-friendly clinics exist in 12 of the 18 countries (66%). However, these services are available nationally in only three countries, Germany, Portugal and Sweden.

Country	No	Yes	Are they available nationally?	Are they widely advertised in places frequented by young people?	Are the services run by the government health service, private providers or non-governmental organisations?
Austria		X	Mainly in Vienna	Yes	NGOs financially supported partly by the government
Belgium		X	No, only in a small number of larger cities within the Flemish region	No	NGOs – universities (student doctors)
Cyprus	X		n/a	n/a	n/a
Czech Republic		X			The Prima Gynda project is based on an initiative by young people. It encourages gynaecologists to become members of a network of youth-friendly gynaecologists.
Denmark	X		n/a	n/a	n/a
Finland		X	No	No	Both
Germany		X	Yes	No	All of them in relation to different matters
Ireland	X		n/a	n/a	n/a
Latvia		X	No – there are only some centres – in Dobele, Cēsis and Rīga, where mainly psychological services are provided.	Yes, locally	Non-governmental organisations – part financing is obtained from government.
Lithuania	X		n/a	n/a	n/a
Poland		X	No	No	NGOs
Portugal		X	Yes	No	Yes. The services are run by the government and by NGOs, but they are at risk of closing. In 2011, one youth-friendly service – Olá Jovem – closed.
Romania	X		n/a	n/a	n/a
Slovakia	X		n/a	n/a	n/a
Spain		X	No	No	Autonomous and local governments and NGOs
Sweden		X	Yes	Yes	Government health service
Switzerland		X	Yes/no	Partly, growing tendency	Funded by cantons
UK		X	There are a number of services available, but they are still difficult to access in some parts of the country.	Not always, although this is improving.	Some services are run by the National Health Service and some are run by non-governmental organisations, specifically a young people's sexual health charity, Brook.

2 Youth-friendly services encourage youth participation in the design, implementation and evaluation, are easily accessible with flexible opening hours, offer a wide range of affordable and high-quality services, are confidential, reach diverse young people in a variety of settings, support service providers and respect the rights of the client.

Comments:

Austria – Youth-friendly health services are still available mainly in cities, especially Vienna, but other SRH services for young people are all over Austria, mainly clinics or hospitals that offer special ambulances for sexual counselling for young people.
Belgium – Every now and then, the need for youth-friendly services is raised, for example when referring to STI testing or to the provision of contraception, but budgetary constraints stand in the way of taking action. Simultaneously, efforts are made to provide better training to general practitioners and gynaecologists on the counselling of children and adolescents on issues of contraception and sexuality.
Lithuania – The Ministry of Health plans to prepare a project on the introduction of youth-friendly services. However, youth is not invited.
Poland – The SAFE II project started when the Ministry of Health initiated a campaign on improving the implementation of clients' rights. The ministry's campaign was much broader than "youth friendliness", so it is difficult to say whether it has influenced the quality of services or not. It should be emphasised that SAFE II project activities were the first national efforts towards improving services offered to young people.
UK – Young people's services are seeing cutbacks to the educational aspects of their work due to the recession and the reorganisation of commissioning from national to local government.

3.3 Are health services provided in schools?

Health services are provided in school in 11 countries, and partially in 2 additional countries.

Country	No	Yes
Austria	X	
Belgium		X
Cyprus	X	
Czech Republic	X	
Denmark		X
Finland		X
Germany	X	
Ireland		
Latvia		X But not related to SRH
Lithuania	X	
Poland		X But not related to SRH
Portugal		X
Romania		X
Slovakia		X In some schools but only very general health services
Spain		X Only in some autonomous communities
Sweden		X
Switzerland		X
UK		X In some areas but not universally

3.4 Are SRH services for young people provided in any other non-traditional locations (e.g., mobile clinics)?

Country	No	Yes	Comments
Austria		X	In some Austrian districts the "love bus" is on tour. There are professional teams who undertake SRHR workshops in schools and youth centres in and around Vienna. There is a telephone youth helpline and Internet consultations.
Belgium	X		n/a
Cyprus		X	Cyprus Family Planning Association
Czech Republic	X		n/a
Denmark	X		n/a There are certainly local campaigns and projects but no systematic approach.
Finland	X		n/a
Germany		X	There are counselling centres with doctors who provide family planning services.
Ireland	X		n/a
Latvia	X		n/a
Lithuania	X		n/a
Poland		X	Music festivals became a great place to organise services. These services are available at the biggest Polish music festivals like "Przystanek Woodstock" or "Opener". These festivals gather about 500,000 young people every year. For example, TRR provide about 20,000 consultations for young people on SRH every year at "Przystanek Woodstock" Festival.
Portugal		X	Mobile clinics, sexuality phone help lines, HIV help lines, domestic violence help lines Ministry of Health – reproductive health site clarifies young people's doubts. Portuguese Institute of Sport and Youth website has a special area for sexuality, and answers questions from young people. Since 2010, the Portuguese Youth Institute has merged with the Sports Institute of Portugal. It remains to be seen if the economic support for SRHR will be reduced.
Romania	X		n/a
Slovakia	X		n/a
Spain	X		n/a
Sweden		X	UMO is a national online youth clinic for young people between the ages of 13 and 25. The aim of the website is to make it easier for young people to find relevant, up-to-date and quality-assured information about sex, health and relationships. The development of UMO was financed by the government. The annual knowledge and attitude survey among young people in the 15–25 age group showed in 2011 that 36% of young people know about UMO.se, and that in the 15–17 age group as many as 55% know about the website. Increased knowledge about the website is likely to mean more visits to it too.
Switzerland	X		Only single services as pilot projects
UK		Sometimes	Some areas have taken the initiative and provide services from a variety of locations, including mobile outreach services and non-clinical settings such as youth services, but this is not universal.

3.5 Do young people have any input into the design and delivery of health services?

Country	No	Yes	Comments
Austria	X		n/a
Belgium	X		n/a
Cyprus	X		n/a
Czech Republic	X		n/a
Denmark	X		n/a
Finland	X		n/a
Germany	X		n/a
Ireland		X	Young people are consulted on their views by the office of the Minister for Children and Youth Affairs through the following mechanisms: • Comhairle na nÓg (local youth councils) • Dáil na nÓg (national youth parliament) • Student councils • OMCYA Children and Young People's Forum • National Youth Health Programme
Latvia	X		n/a
Lithuania	X		n/a
Poland		X	Usually young people who are involved in the work of NGOs providing SRH services. Only NGOs give young people the opportunity to design and provide services.
Portugal	X		n/a
Romania	X		n/a
Slovakia	X		n/a
Spain		X	Only on those provided by NGOs
Sweden	X		n/a
Switzerland	X		n/a
UK		X	Depending on the type of service, some providers involve young people in the delivery of services, and this is highlighted in government guidance as good practice, but this is not universal.

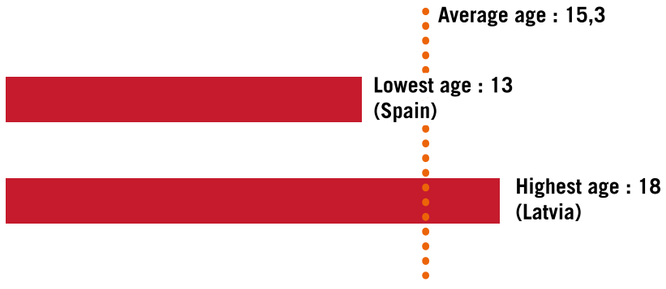
3.6 Do young people have to pay for health services? Contraception? Condoms? STI testing and treatment (including HIV)?

Country	No	Yes	Are the costs prohibitive?
Austria		At our help desks contraceptives are free. STI testing and treatment (HIV) is included under health insurance.	Young people have to pay for contraception, but counselling services or help desks sometimes offer free condoms.
Belgium		X	No (Contraception is available at special rates for youth under 21 – reimbursement of EUR 3 per month or EUR 36 per year). As already mentioned, the measure is being discussed at the level of the Institute for Social Security.
Cyprus		X	NA
Czech Republic		X	No
Denmark	STI testing and treatment	Contraception	The cost of contraception is not considered a major barrier for young people, but little research has been conducted on this issue.
Finland	STI testing and treatment	Contraception	Contraception is free for a period of 3–9 months.
Germany		X (partly)	Contraceptives are free up to the age of 19 years (for members of public health insurance). Prescription-free contraceptives like condoms have to be paid for. Health services and maternity care are covered by public health insurance.
Ireland		X	Yes Emergency contraception (EC) can now be obtained over-the-counter in pharmacies. However, the cost is quite high (EUR 30–45) and can be prohibitive to young people, as can the attitudes of pharmacy staff, who are unlikely to have received training in dealing with young people's EC needs.
Latvia		X	There is a reduced fee for adolescents under the age of 18 for medical specialists' consultations in government institutions (e.g., state hospitals, state-financed polyclinics). But they are very few and the wait is 2–3 months for a visit. In these government services, STI testing is free, but then it is not anonymous. Anonymous testing is available only for a fee. All contraception costs the same as for adults. Treatment is also a full-charge service (excluding HIV treatment).
Lithuania		X	Contraception and condoms are easily accessible at pharmacies but very expensive. STI testing and treatment is not free of charge in Lithuania, except in Vilnius Skin and Venereal Diseases Centre, where testing for syphilis and gonorrhoea is free of charge for all patients, including youth.
Poland	X for services and STIS incl. HIV	X Contraceptives are payable and partially reimbursed by the NHS	Yes
Portugal	X		Contraception is still free of charge, but there are some problems due to lack of stock and the fact that some diagnostic examinations that used to be free of charge are no longer free. In some services, the demand from youth has decreased due to this change.
Romania	X	For STI testing	STI testing is expensive.
Slovakia	STI/HIV testing and treatment	For all family planning methods	In accordance with current practice, contraception is fully covered by the patient. The cheapest hormonal contraception (the so-called pill) costs approximately one-tenth of the monthly income paid in the form of the so-called activation allowance, or 3% of the allowance that a parent on parental leave is granted. The consequence of this rather high price of contraception is that, in particular, adolescent girls, young women and women from socially disadvantaged groups cannot freely choose the best contraceptive method, as their choice is limited by the price. As such, contraception becomes unaffordable for many women, particularly from the above-mentioned groups. Similarly, other reproductive health services such as abortion and sterilisation cost close to the minimum wage (about EUR 250). If an abortion or sterilisation is not due to health reasons, these services are fully covered by the patient. High fees for these medical interventions make access to these health-care services particularly difficult for young women and women from socially disadvantaged groups.
Spain		In the National Health Service, free care is granted, but only a few and old contraceptives are free. There is some free condom distribution. The new law includes state financing for modern and varied contraceptives.	For some people, the cost of some products is prohibitive.
Sweden	X	X	A visit and testing at a youth clinic is free. Payment for contraceptives differs between the municipalities. In most of the municipalities, contraceptive pills are subsidised, but the level of subsidisation differs. This is an issue RFSU are doing advocacy work on in order to harmonise the subsidies. At most youth clinics, it is possible to get free condoms. STI testing is free, but you have to pay for the treatment. Due to RFSU Sverigebarometer, which has shown big differences in subsidised contraceptives across the country, there are now discussions (but no decisions yet) about equality and harmonising.
Switzerland	Access to counselling is free.	X	In certain cases (e.g., contraception, testing)
UK	X		n/a

3.7 Are STI testing and treatment (including HIV) and contraception advice and services for young people available from the same service delivery points?

Country	No (separate services)	Yes (integrated services)
Austria	X	
Belgium	The few services that still exist offer both.	The few services that still exist offer both.
Cyprus	X	
Czech Republic		X
Denmark	X (But now available at both local clinics and family doctors)	
Finland		X
Germany	X	
Ireland	X	
Latvia		X
Lithuania	X	
Poland	X There is a separate system of care for PLWHIV (young people included). Other STIs are treated by gynaecologists, who traditionally prescribe contraception. The biggest problem is with the treatment of HBV and HCV infections – clients with those infections can receive treatment only in state hospitals and specialist clinics.	
Portugal		X
Romania	X	
Slovakia	X	
Spain	X	X
Sweden		X
Switzerland	X (These services are progressively integrated in the services of family planning centres. This is already the cases in some cantons).	
UK	Some services are integrated but not all of them.	Some services are integrated but not all of them.

3.8 What is the age to consent to sexual activity?



*Permission from parents is required in **Lithuania, Poland, Spain** (abortion) and **Denmark** (abortion). In **Belgium, Ireland** and **Sweden** there are concerns that some medical staff may be cautious in prescribing contraceptive pills to girls under 15, since there have been discussions about whether this could be seen as aiding or abetting a criminal act (i.e., statutory rape).*

Country	Age	Does this impact on the delivery of SRH services?
Austria	14	No
Belgium	16	No. In general, the age of consent does not have any impact on the delivery of services – but in reality, certain individual providers (GPs, pharmacists, school nurses, for example) are refusing these services to young people under 16 years (based on the fact that it is illegal to have sex under 16 years). A recent study shows that 79% of Belgian practitioners share medical information of minors with their parents. Only 8% of Belgian pediatricians are familiar with patient rights.
Cyprus	17	No, because there are no SRH services available to young people.
Czech Republic	15	No, but approval from parents is very often required (for all health services, not only SRHR).
Denmark	15	No for contraception and treatment. Yes for abortion – the parent normally has to give permission if the child is >18.
Finland	16	No
Germany	14	No
Ireland	17	Age of consent to medical care is 16 years and to sex is 17 years. Some doctors are unclear about their responsibilities and obligations when a young person under the age of 17 requests contraception services and advice. Fearing legal consequences, many doctors will not provide SRH services to young people under 17. Consequently, young people fear their confidentiality will not be guaranteed and are discouraged from talking to their doctor.
Latvia	Criminal law states only that adults (18 years or older) take responsibility for having sexual activities with a minor.	See below
Lithuania	16	Yes. Teenagers can't receive consultations and other health services without parental permission.
Poland	15	It impacts on the delivery of SRH services because of obligatory parental supervision. Polish legislation is very unclear on this matter. The age of 15 only applies to adults who want to have legal sexual contact with a young person. There is no other implication related to that age. A 15 year old cannot receive any medical service without the consent of parents or a legal supervisor. Young people can receive medical services without the presence of a legal guardian from the age of 16. But parents or guardians have access to medical documentation until the age of 18. It is possible to receive legal maturity earlier, but this can be done only by a family court decision.
Portugal	14 (heterosexual activity) 16 (homosexual activity)	No
Romania	15	No
Slovakia	15	No, but some conservative gynaecologists may seek parental consent.
Spain	13	The difference between the legal age for sexual activity and the age for parental consent creates difficulties in accessing abortion services.
Sweden	15	There are concerns that some medical staff may be cautious about prescribing contraceptive pills to girls under 15, as there have been discussions about whether this could be seen as aiding or abetting a criminal act (i.e., statutory rape).
Switzerland	16	No
UK	16	It should not, as there is guidance on the delivery of sexual health services to young people under 16.

Comments:

Ireland – Three positive developments should lead to greater clarity in the law and the recognition of young people's emerging capacity to consent to medical treatment:

- Publication of the Report of the Law Reform Commission (LRC): Children and the Law—Medical Treatment (which includes a proposal to enshrine the Frazer Guidelines on emerging capacity of young people to consent to medical treatment into law in "exceptional circumstances")
- Publication of the Children First Bill
- Indication from the Minister for Justice that proposals on the age of consent will be brought before the Cabinet shortly in the context of bills updating the law on sexual offences

3.9 What is the age to consent to medical care including contraceptive services?

Country	Age	Does this impact on the delivery of SRH services?
Austria	14	No. Medical care is open to people of any age. Contraceptive counselling is also available for under 14s.
Belgium	No age limit	n/a
Cyprus	17	support order t in order toAdolescents under 17 have no access without parental consent.
Czech Republic	No age limit	No
Denmark	No age limit	n/a
Finland	12	No
Germany	No age limit	In the case of abortion (which is regulated under penal code), doctors decide whether the young person is able to make the decision. This is usually indicated from 16 years on. Usually all young people who wish to can get contraceptives.
Ireland	16	Many doctors will not provide SRH services to young people under the age of 16 or guarantee their confidentiality.
Latvia	The Patients' Rights Act states that until the age of 14, all decisions about treatment, medications and procedures are made by the child's parents. From age 14–18, the patient's own opinion is asked, but if the patient refuses the treatment, consent is requested from parents.	n/a
Lithuania	16	Yes. Teenagers can't receive consultations and other health services, including contraceptive services, without parental permission.
Poland	16	Yes. It impacts on the delivery of SRH services, because of obligatory parental supervision.
Portugal	16 (abortion only)	Parental consent needed for persons <16
Romania	18	No
Slovakia	18	Only in the case of abortion – parental consent is needed up to 18 years. Although 18 years should be considered to be the age to consent to each medical procedure, in practice, contraception is provided without parental consent. However, it depends on the service provider.
Spain	16 (exceptions: abortion, sex change and aesthetic surgery)	Same as above
Sweden	No age limit	There are no set age limits under the age of 18, which means that the youth's/child's decision on SRH services depends on several factors, including age and maturity. If a youth/child has the capability to make an informed decision, it should not even be necessary to discuss the issue with the primary care taker. In the event that the decision would go against medical advice or would be considered life-changing, the child's/youth's maturity would be of more importance.
Switzerland	No age limit, except for young children. The patient's consent is based on the capacity of discernment – this also applies to minors.	No
UK	This is usually dependent on the young person's maturity, although all young people over 16 are deemed able to consent.	It should not, as there is guidance on the delivery of sexual health services to young people under 16.

Comments:

Belgium – The age of consent in Belgium is decided by the practitioner, based on the maturity of the patient. If the practitioner believes the minor to be mature enough, the parents will not be consulted. This regulation is open to interpretation, and research shows that 42% of pediatricians find it hard to implement the law. Often parents are consulted while the patient is still a minor (<18 years).

Romania – The age of consent to medical care is 18 years. The exception is for reproductive health care. For reproductive health care, the age of consent is 16 years. The law does not define the specific reproductive health-care services that are included under this exception. This is why, regarding access to abortion, in practice, units providing abortions would consider 18 years to be the age of consent, because they consider abortion to be a surgical medical procedure and not a reproductive health-care service. In Romania, medical abortion is rarely available, and nobody so far has raised the question about the age of consent for medical abortion.

3.10 Are there any laws and policies in place preventing young people from accessing confidential SRH services, including HIV testing and treatment?

Country	No	Yes	Comments
Austria	X		n/a
Belgium	X		n/a
Cyprus	X		n/a
Czech Republic	X		n/a
Denmark	X		n/a
Finland	X		n/a
Germany	X		n/a
Ireland		X	Health Service Executive guidelines state that parents must give their consent for any non-emergency medical service provided to a person under the age of 18.
Latvia		X	n/a
Lithuania		X	Under the civil code, parental consent for young people under 16 years old is obligatory. Adolescents younger than 16 cannot get health services without parental consent.

Country	No	Yes	Comments
Poland		X	There is an obligation to inform parents and have their permission for people under 16. Parents are allowed to have access to medical data for young people between 16 and 18.
Portugal	X		n/a
Romania		X	Parental consent is compulsory for people under the age of 18. Although there is a law safeguarding patients' rights, breaking confidentiality by a health-care provider is not penalised in any way.
Slovakia	NA	NA	As described above, the age limit for consent to each medical procedure is 18 years, but, in practice, it is only strictly adhered to in cases of abortion. As even a risk of exposure to HIV is criminalised in Slovakia, it is mandatory for a person with HIV to inform their partner and medical practitioner that they have HIV. This causes a fear of being tested for HIV or forces people to get tested abroad.
Spain		X	The exceptionalities of the law on the patient's autonomy, partially repealed by the new law on SRH and VTP, mentioned above
Sweden	X		However, the service providers might be obliged under law to contact carers or social services if they, in connection with a visit, learn that the child's/youth's life or health would be at risk.
Switzerland	X		n/a
UK	X		n/a

3.11 Are there any laws or policies that restrict access to information on SRH (e.g., contraception and condom advertising on TV)?

Country	No	Yes	Comments
Austria	X		NA
Belgium		X	Advertising for medicines is severely restricted in general, and advertising for condoms is restricted (and, for example, forbidden on TV).
Cyprus	X		NA
Czech Republic	X		NA
Denmark	X		NA
Finland	X		NA
Germany	X		NA
Ireland		X	Information on abortion services abroad is not permitted in any public space and cannot be provided over the telephone. Abortion information may only be provided in a face-to-face session in which information on parenting and adoption is also provided.
Latvia	X		Advertising medications that are under prescription (e.g., hormonal contraception or medications for medical abortion) is not allowed. But contraceptive methods, for example, can be advertised.
Lithuania	X		There is no law restricting access to information on SRH, but the Catholic Church has a strong influence on information on SRHR. Traditional family values are promoted, so contraception and sexual intercourse before marriage are condemned in society.
Poland		X	There is no restriction on access to information, but anyone can deem this information offensive. This means that anyone could report this kind of information to the police, who would have to conduct an investigation. There were several cases like that – opposing the condoms adverts – in Poland. For the in-schools education sessions provided by external trainers (like NGOs), schools had to obtain agreement from parents of young people up to 18 years old.
Portugal	X		NA
Romania		X	Advertising of condoms is legal on TV only after 10pm. It is an amendment of the National Audiovisual Code adopted by the National Audiovisual Council of Romania on January 13, 2011. There is confusion among many decision-makers between promoting contraceptives and advertising contraceptive brands.

Country	No	Yes	Comments
Slovakia		X	It depends on the context: In some cases advertising condoms could be restrictive (any topic relating to sexual context should be broadcast after 10pm.)
Spain	X		NA
Sweden	X		NA
Switzerland	X		NA
UK	NA	NA	Policy has recently changed and advertising condoms will soon be permitted on television except during or near programmes that appeal to children aged 10 or under. This will be implemented from the beginning of September 2010.

3.12 Are guidelines in place to assist health-care professionals in providing SRH care to young people?

Country	No	Yes	Who is responsible for updating and monitoring these guidelines?
Austria	X		n/a
Belgium	X		There are no specific guidelines for adolescents – the more general guidelines on the provision of contraception or the testing/treatment of STIs, for example, are applied.
Cyprus	X		n/a
Czech Republic	X		n/a
Denmark	X		n/a
Finland		X	Ministry of Health and Social Affairs National Institute for Health and Welfare (*THL*)
Germany	X		n/a
Ireland	X		n/a
Latvia	X		n/a
Lithuania	X		n/a
Poland	X		n/a
Portugal	X		n/a Only in youth-friendly health centres
Romania	X		n/a
Slovakia	X		n/a
Spain	X		n/a
Sweden		X	The National Board of Health and Welfare
Switzerland	X		n/a
UK		X	Department of Health

Comments:

Switzerland – No national guidelines, but some guidelines exist from NGO Santé Sexuelle Suisse or Swiss Aids Federation or from medical or pharmaceutical societies (devised for the respective professionals).

3.13 Is emergency contraception available from pharmacies without a doctor's prescription?

Country	No	Yes	Are there any age restrictions?
Austria		X	>14
Belgium		X	No
Cyprus		X	17, but this is the general age of consent, not specific to contraception. There is no separate policy or regulation in place for contraception.
Czech Republic		X	16 – must present ID, available from the end of 2011 (trial period for one year)
Denmark		X	NA
Finland		X	>15 (Norlevo) For EllaOne, everybody is required to have a prescription.
Germany	X		n/a
Ireland		X	Emergency contraception is now available from pharmacies without a doctor's prescription. This has led to greater access to EC and to a significant reduction in the cost of EC (about 50%)
Latvia		X	No
Lithuania		X	No
Poland	X		n/a
Portugal		X	No
Romania		X	There are no written restrictions but, as result of the pressure of anti-choice groups, emergency contraception is now considered dangerous and there are many people questioning whether it should still be available over the counter (OTC). Almost all health care professionals and pharmacists are strongly against using emergency contraception more than once in a year. At the moment, two out of the three emergency contraceptive pills are in the category of OTC drugs, which means you can buy them without a prescription.
Slovakia		X	>16
Spain		X	From 13 to 16, the pharmacist evaluates if they are "mature minors". Under 13, parental consent is needed.
Sweden		X	No
Switzerland		X	For women under the age of 16, counselling at a sexual-health service is obligatory.
UK		X	Young people under the age of 16 are not able to purchase emergency hormonal contraception. However, in some areas there are arrangements in place so young women under 16 can access emergency hormonal contraception free of charge.

3.14 Are condoms available in a variety of settings?

Country	No	Yes
Austria		X
Belgium		X
Cyprus		X
Czech Republic		X
Denmark		X
Finland		X
Germany		X
Ireland		X
Latvia		X
Lithuania		X
Poland		X
Portugal		X
Romania		X
Slovakia		X
Spain		X
Sweden		X
Switzerland		X
UK		X

Comments:

Cyprus – Condoms are available in kiosks, supermarkets and pharmacies.
Romania – Condoms are available in many settings, but their price increased significantly and the only socially marketed condom brand lost its financial support and had to increase its price to be able to face competition on the market. As a result, there is no longer any advertising for this brand.

3.15 Do health-service providers have a right to refuse care because of a personal belief?

Country	No	Yes	If yes, are they required to refer on to another provider that will provide the requested service in a timely manner?
Austria		X	No (This is only in relation to abortion care.)
Belgium		X	Yes
Cyprus	X		n/a
Czech Republic	X		n/a
Denmark		X	n/a
Finland	X		n/a
Germany		X	In the case of abortion, some religious clinics don´t provide emergency contraception.
Ireland		X	Yes
Latvia		X	n/a
Lithuania		X	Yes
Poland		X	Yes
Portugal		X	Yes
Romania		Although there are no written regulations in this respect.	No. Although there are no written regulations in this respect, many claim conscientious objection. Almost no public hospital will provide abortion around religious holidays.
Slovakia		X	No
Spain		The same as abortion, also pharmacists	Yes, but not pharmacists as this is not regulated.
Sweden	X		n/a
Switzerland	X		n/a
UK		X	Professional guidance states that they have to ensure that service users are aware of how to seek alternative help and to make these arrangements for the person if they cannot do it themselves. However, anecdotally we hear of people who have been denied access to services.

Comments:

Latvia – Health-service providers can refuse care due to the following reasons:

- Their own personal belief – if a woman wants to terminate a pregnancy
- If the person's life is not compromised and he/she is not respecting his/her treatment regime or is knowingly harming his/her health

Slovakia – Conscientious objections: Access to sexual and reproductive health services in Slovakia for young people and the population in general is considerably restricted by the right to exercise conscientious objections to such services. Conscientious objection is exercised not only by the health-care staff, but it is also often abused by the top management of hospitals, who frequently ban performance of some interventions (usually abortions or sterilisations) regardless of the opinion of the health-care staff. These hospitals thus violate the very essence of the conscientious objection, which can be exercised only by a natural person. In the capital city Bratislava, for instance, out of five public hospitals, only one performs abortions. In big regional capitals Trnava and Nitra, there is no hospital performing abortions. Apart from that, cases in which a gynaecologist– primarily for religious reasons– refuses to provide counselling in the field of family planning or to prescribe contraception or in which pharmacies refuse to sell contraception, including emergency contraception, are occurring more frequently.
In January 2011, a public discussion arose as all teaching hospitals in Bratislava were about to adopt a law that would prevent any abortions being performed, thus abusing conscientious objection by imposing it on all employees regardless of their personal beliefs. SFPA in cooperation with SaS (Slovak liberal party Freedom and Solidarity) were able to stir the public discussion and make interventions at the political level, preventing hospitals from adopting such a law. As it turned out, the law change was due to political pressure from the Ministry of Health, where a member of the Catholic party was a minister at that time.
Sweden – After the resolution in the European Council 2010 about abortion and conscience, there was a new discussion about the right of staff to say no to working with women in need of an abortion. This originated from some religious organisations. There was also a proposal in 2010 to the parliament from a member of the Christian Democratic Party for a regulation in this area. The Swedish parliament said no.

3.16 Is there an independent and confidential complaints mechanism whereby young people can make a complaint about health-service providers that do not provide them with the appropriate care?

Country	No	Yes
Austria		X
Belgium		X
Cyprus		X
Czech Republic	X	
Denmark	X	
Finland		X
Germany	X	
Ireland		X
Latvia		X
Lithuania	X	
Poland		X Young people can complain to the ombudsman for clients or the ombudsman for children.
Portugal		X
Romania	X	
Slovakia	X	
Spain		X
Sweden		X
Switzerland	X	
UK		X

Comments:

Austria – For each of the nine federal states of Austria (Bundesländer) there is an independent patients' advocacy where patients' rights and interests are represented and complaints are heard. This service is free of charge.
Belgium – Children's commissioner
Cyprus – The ombudsman's office, for provision of services of public hospitals or clinics
Germany – There is more attention given to the rights of and services for disabled children and youth.
UK – Services should have these in place for all service users, including young people.

4 Young People's Access to Safe Abortion Services

Confidential counseling for young people with an unplanned pregnancy is available in

14 out of 18 countries

Young people require parental consent to terminate a pregnancy in

12 out of 18 countries

4.1 What law(s) determine when a pregnancy may be legally terminated?

Austria	Since 1 January, 1975 §96-97 StGB (criminal code) an abortion is not condemnable (during the first three months).
Belgium	Abortion Law of 3 April, 1990
Cyprus	Criminal code of Cyprus (sections 167–169 and 169A) as amended in 1974 (Law No 59) and in 1986 (Law No 186)
Czech Republic	The law on abortion 66/1986
Denmark	The general "Sundhedsloven" (health act) and "Cirkulære om svangerskabsafbrydelse" (act on abortion)
Finland	Abortion law (since 1970) – it will be evaluated during the governmental period 2011–2015.
Germany	Pregnancy and Family Aid Act (SFHÄndG 1995)
Ireland	1861 Offences Against the Persons Act 1983 Eighth Amendment to the Constitution 1992 Supreme Court Decision – *Attorney General* v *X* In 2010, the European Court of Human Rights held that Ireland's failure to give legal effect to the 1992 Supreme Court Decision – Attorney General v X – was a violation of the European Convention of Human Rights. An expert group (including medical and legal experts) is to report in July 2012 on how this judgement may be implemented.
Latvia	Sexual and reproductive health law
Lithuania	The decree on the procedure of termination of pregnancy
Poland	Act of parliament from 1993
Portugal	Law 90/97, law 16/2007 Despach n. 741-A/2007
Romania	The penal code
Slovakia	Law 73/1986 about the artificial termination of pregnancy
Spain	Law on SRH and VTP, passed 4 March, 2010
Sweden	The Swedish Abortion Law
Switzerland	Abortion regulation within penal code (art. 118 – 120)
UK	The Abortion Act 1967 applies in England, Wales and Scotland. In Northern Ireland the relevant piece of legislation is the Offences Against the Person Act 1861.

4.2 On what grounds can pregnancies be terminated?

Austria	Without restriction in the first three months; in later stages, pregnancies may be terminated due to a health risk for the woman as well as the embryo; also if there is proof that the child will be disabled
Belgium	If the pregnancy causes a "state of distress" for the woman (the law does not define the state of distress); up to 12 weeks after conception. No limits if there is a serious risk to the health of the woman or in the case of an extremely serious and incurable disease of the foetus
Cyprus	Risk to the life of the pregnant woman If the pregnancy would cause physical, mental or psychological damage to the woman (or to any existing child she may have) that is greater than if the pregnancy was terminated Under circumstances which, if the pregnancy was not terminated, would seriously jeopardise the social status of the pregnant woman or that of her family Serious physical or psychological abnormalities if the child was born Rape or other sexual crime
Czech Republic	On written request; health reason
Denmark	A woman older than 17 can have an abortion without any permission before the gestational limit.
Finland	The woman has to ask for abortion, and two different physicians need to agree. One physician needs to write a referral for abortion, and the other perform/arrange it. Pregnancies can be terminated: A pregnancy may be interrupted at the request of the woman and in conformity with the provisions of abortion law: • If continuation of the pregnancy or delivery would endanger her life or health on account of a disease, physical defect or weakness of the woman • If a delivery and care of a child would place a considerable strain on her in view of the living conditions of the woman and her family and other circumstances • If she became pregnant under circumstances of rape or sexual abuse • If she was less than 17 or more than 40 years of age at the time of conception, or already has four children • If there are grounds for presuming that the child will be mentally retarded or will later develop a serious disease or serious physical defect • If a disease, mental disturbance or other comparable cause, affecting parents, seriously limits their capacity to take care of the child
Germany	Up to the 12th week from conception: • On request after mandatory counselling • Because of rape or other sexual crime No limit: • Medical indication: to avert the danger of a grave impairment of the physical or emotional state of the pregnant women (The mental health risks for the woman include the ones caused by foetal malformation.) Since 2010: mandatory waiting period in the case of medical indication because of foetal malformation in the second and third trimester of pregnancy
Ireland	Abortion is legal only when there is a real and substantial risk to the life, as distinct from the health, of a pregnant woman. This includes the risk of suicide.
Latvia	On the woman's own request After rape According to medical indications
Lithuania	Abortion has been legal in Lithuania since 1955. There is no abortion law in Lithuania. The order of the Minister of Health regulates the abortion procedure. Abortions can be performed freely during the first 12 weeks of pregnancy if no contraindication exists. After 12 weeks of pregnancy, abortions can be performed on medical grounds only.
Poland	In case of pregnancy as a result of illegal activity In case of danger to the woman's life In case of irreversible handicap of foetus

Portugal	The law of the Republic Assembly 16/2007, April 17 "Exclusion of ilicitude (illicit) in cases of voluntary interruption of pregnancy" decreed in Article 142. The penal code mentions that: • If abortion shall constitute danger of death or serious and irreversible damage to the body or the physical or mental health of the pregnant woman • If there is evidence that abortion can avoid danger of death or serious and lasting injury to the body or to the physical or mental health of the pregnant woman, and is performed within the first 12 weeks of pregnancy • If there is evidence that the child will suffer from incurable form of serious illness or congenital malformation, and is performed within the first 24 weeks of pregnancy; in the case of a non-viable foetus, the abortion may be practiced at any time • The pregnancy has resulted from a crime against freedom and sexual self-determination and the abortion is within the first 16 weeks of pregnancy • If abortion is performed, according to the woman's request, in the first 10 weeks of pregnancy
Romania	A pregnancy can be terminated on demand up to 12 weeks of pregnancy. After this limit, it can be terminated only for medical reasons.
Slovakia	Health reason or upon woman´s request without the obligation to name any reason
Spain	On the woman's demand until the 14th week Medical reason until the 22nd week Foetal problems incompatible with life, without term
Sweden	Up to 18 weeks there are no special grounds except the woman's own will.
Switzerland	Until 12 weeks of pregnancy: The abortion is the woman's decision, if the woman requests it in writing and makes a state of distress valid. A counselling service must be consulted if the woman is less than 16 years old. After 12 weeks: A physician must certify a state of danger to health or deep distress.
UK	In England, Scotland and Wales, legal termination of pregnancy may be carried out provided that two registered medical practitioners agree that: a) Up to 24 weeks: • The continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family. The woman's actual or reasonably foreseeable future environment may be taken into account. b) With no time limits: • The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman. • There is a risk to the life of the pregnant woman, greater than if the pregnancy were terminated. • There is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped. In Northern Ireland, following a judicial review brought by FPA, it was clarified that abortion is legal in Northern Ireland in certain circumstances. They are as follows: • The continuance of the pregnancy threatens the life of the mother, or would adversely affect her mental or physical health. • The adverse effect on her mental or physical health must be a "real and serious" one, and must also be "permanent or long-term". • In most cases, the risk of the adverse effect occurring would need to be a probability, but a possibility might be regarded as sufficient if the imminent death of the mother was the potential adverse effect.

4.3 Are there gestational limits?

Country	No	Yes	Comments
Austria		X	Abortion is lawful during the first 12 weeks after implantation.
Belgium		X	cfr. Supra
Cyprus	X		NA
Czech Republic		X	Limit for abortion: up to 12 weeks
Denmark		X	Yes – 12 weeks
Finland		X	Pregnancy must be terminated as soon as possible. An abortion may not be performed after the 12th week of pregnancy on any grounds other than a disease or physical defect in the woman.
Germany		X	12 weeks; later in case of medical indication (see above)
Ireland	n/a		
Latvia		X	On a woman's request and after rape until the 12th week According to medical indications until the 24th week Medical abortion is allowed until 63 days of pregnancy.
Lithuania		X	Abortion on request can be performed until 12 weeks.
Poland		X	In case of pregnancy as a result of illegal activity: 12 weeks Other eventualities: until the foetus is able to live outside woman's body
Portugal		X	Yes – 24 weeks – in case of foetal malformations
Romania			12 weeks of pregnancy is the limit for abortion on demand. Therapeutic abortions for medical reasons are performed up to 24 weeks of pregnancy.
Slovakia			24 weeks for the termination on health grounds 12 weeks for the termination upon the woman´s request
Spain		X	Yes, included above
Sweden		X	Abortion is free up to 18 weeks. After 18 gestational weeks abortion can be performed on special grounds up to 22 weeks.
Switzerland	X		Not if a physician certifies a state of danger to health or deep distress
UK		X	The time limit in England, Scotland and Wales is 24 weeks.

4.4 Are there any exceptions to the gestational limits?

Country	No	Yes	Comments
Austria		X	Yes – in cases of handicap of the foetus, or if the woman's life is in danger.
Belgium		X	cfr. Supra
Cyprus	n/a		
Czech Republic		X	Only Czech inhabitants and people with long-term permission to remain. Under 16 years, the parents or legal representatives have to give approval for abortion. Between 16 and 18, the parents or legal representatives are informed about the abortion after it. In specific cases, pregnancy can be terminated after 12 weeks (life-threatening to mother, defect incompatible with life outside the womb)
Denmark		X	A pregnant woman can have special permission after the time-limit.
Finland		X	If the woman was not yet 17 years of age at the time of conception or there are other special reasons, the national supervisory authority for welfare and health may authorise abortion at a later stage of pregnancy, although not after the 20th week. The national supervisory authority for welfare and health can make a pregnancy terminating decision until gestational week 24, if by reliable examination it is established that the embryo is affected by a serious disease. If continuation of pregnancy would endanger the life or health of the mother, pregnancy can be terminated irrespective of the length of the pregnancy.
Germany		X	Medical indication (see above); risks for the woman
Ireland	n/a		
Latvia		X	Due to medical indications (in accordance with the decision of a physicians' council – at least three specialists should approve the decision – and the woman's written consent) abortion can be performed until the 24th week of pregnancy.
Lithuania		X	After 12 weeks of pregnancy, the abortion can be performed only on medical grounds.
Poland	X		
Portugal		X	If there is evidence that the foetus will suffer from an incurable form of serious illness or congenital malformation, and when the abortion is performed within the first 24 weeks of pregnancy. In cases when the foetus is not viable the abortion may be performed at any time.
Romania		X	Exceptions are for conditions that put the woman's life at risk, or diagnosis of a foetal disease. In this case, the limit is 24 weeks of pregnancy.
Slovakia		X	In cases when the life of the women is endangered or the foetus is not viable, no gestational limit is required.
Spain		X	Yes, included above
Sweden		X	
Switzerland	n/a	n/a	No gestational limits
UK		X	There are no time limits in England, Scotland and Wales in cases where: The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman. There is a risk to the life of the pregnant woman, greater than if the pregnancy were terminated. There is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

4.5 Is confidential counselling available for young people with an unplanned pregnancy?

Country	No	Yes	If yes, are counselling services regulated to ensure high quality, non-directional and accurate services?
Austria		X	At our family planning help desks. There are different counselling services available. They are not regulated in general.
Belgium		X	Yes
Cyprus	X		n/a
Czech Republic	X		n/a
Denmark		X	Yes
Finland		X	Yes
Germany		X	Yes – networks of pregnancy counselling centres all over Germany
Ireland		X	No
Latvia		X	Yes. According to the Patients' Rights Act, all medical information and documentation should be strictly confidential. However, it is not possible for patients to have completely anonymous services regarding unplanned pregnancy. There is no separate legislation to ensure high-quality, non-directional and accurate services, but quality and ethical measures are determined in medical law.
Lithuania		X	Confidential counselling is available for young people over 16. Adolescents younger than 16 can't receive any health services without parental permission.
Poland		X	It is outside the control of government. NGOs and the private health sector deal with it.
Portugal		X	Yes
Romania	X		n/a
Slovakia	X		n/a
Spain		X	No
Sweden		X	Yes
Switzerland		X	Yes
UK		X	There is no formal mechanism for regulation of counselling services. In Northern Ireland, FPA is the only organisation to provide a non-directive service for women with a crisis pregnancy. There is currently a consultation on unplanned pregnancy counselling being planned for England, but it has not yet been released.

4.6 Do young people require their parents' consent to terminate a pregnancy?

Country	No	Yes	If yes, at what age?
Austria		X	Before the age of 14, they require parental consent to terminate a pregnancy. They don't need parental consent to terminate a pregnancy if they are over 14 years. When a girl under the age of 14 gets pregnant, doctors have to report to the police. They cannot avoid informing the parents.
Belgium	X		n/a
Cyprus		X	<17
Czech Republic		X	Younger than 16 years, the parents or legal representatives have to give approval for abortion. Between 16 and 18, the parents or legal representatives are informed about the abortion after it has been performed.
Denmark		X	<18
Finland	X		n/a
Germany	X		Youth aged 16 and older do not need parental consent. Younger than 16 years, physicians often demand parental consent.
Ireland	n/a		n/a
Latvia		X	According to sexual and reproductive health law, parental consent is required until age 16, but in accordance with the Patients' Rights Act, all medical interventions should be agreed by the child's parents until the age of 18. Medical technology is being developed by Latvia's Association of Gynaecologists and Obstetricians; some aspects will be discussed there – for example, the fact that sexual and reproductive health law in this situation is more important.
Lithuania		X	Parental consent is obligatory until age 16. It is recommended to ask for parental consent for young people aged 16–18.
Poland		X	<18
Portugal		X	If a pregnant woman is under 16 or has limited decision-making capacity, consent is provided by a legal representative or next of kin, depending on the circumstances.
Romania		X	<18
Slovakia		X	<18
Spain		X	The law on patient autonomy determines compulsory parental consent for any medical intervention until age 16. It also determines the legal age for consent to be 16 years old, with some exceptions: abortion, sex change, clinical trials, plastic surgery. But the new law repeals the exception on abortion and determines that from 16 to 18, one of the parents or legal guardians should be only informed; his or her consent is no longer compulsory. An exception is made if the woman alleges that this information could cause her violence, coercion or risk of abandonment. According to the latest information (not confirmed), the doctor will determine if the women's allegations are enough.
Sweden		X	<15
Switzerland	X		n/a
UK	X		n/a

4.7 Are there guidelines to assist health-care providers in providing care for young people who choose to terminate a pregnancy?

Country	No	Yes	Who is responsible for monitoring and evaluating the guidelines?
Austria	X		n/a
Belgium	X		n/a
Cyprus	X		n/a
Czech Republic	X		n/a
Denmark	X		n/a
Finland		X	Valvira, the National Supervisory Authority for Welfare and Health
Germany	X		n/a
Ireland	X		n/a
Latvia	X		n/a Medical technology is being developed by Latvia's Association of Gynaecologists and Obstetricians. Some aspects will be discussed there.
Lithuania	X		n/a
Poland	X		n/a
Portugal		X	Ministry of Health/General Health Directorate
Romania	X		n/a
Slovakia	X		n/a
Spain	X		n/a
Sweden		X	The National Board of Health and Welfare
Switzerland		X	Cantons
UK		X	Local health services are required to ensure that staff implement the guidelines.

Comments:

Belgium – As more than 90% of all abortions in the Flemish Region are performed by (five) non-profit abortion clinics, there is no urgent need for official governmental guidelines – clinics have formulated their own guidelines (element of the overall quality of care).
UK – Following a number of court cases, there are now criteria professionals must assess young people against, and therefore government departments have produced guidance to support this.

4.8 What is the cost of terminating a pregnancy?

Austria	EUR 280 (community hospital) – EUR 800 (private hospital)
Belgium	EUR 4 – when performed in a Flemish non-profit abortion clinic, and if the patient/client has social security insurance
Cyprus	Abortions are not provided in public hospitals. They are only rarely performed for strictly medical reasons, limited mainly to reasons that concern the health condition and life of the mother. Abortion services are routinely provided, often upon the woman's request, in private hospitals and clinics. Most private hospitals and clinics provide abortions for a fee between EUR 500 and EUR 600 in the first trimester, with the cost nearly doubling for the second trimester, reaching EUR 1,200.
Czech Republic	EUR 60–200 (CZK 1500–5000) Health reason – free of charge
Denmark	EUR 0
Finland	EUR 60–100 (two outpatient visits and possible procedure fee) For the municipality, the cost is approximately EUR 800/abortion
Germany	EUR 350–460, free for women with low income
Ireland	EUR 1,000 (Minimum cost for termination of pregnancy in the UK, including travel, accommodation and procedure)
Latvia	>EUR 80 (for procedure) + >EUR 15 (pre-abortion consultation and lab tests) Abortion drugs are now available in Latvia – the cost of non-surgical abortion is approximately EUR 300, and it can be performed only up to 63 days of pregnancy.
Lithuania	Costs are between EUR 50 and EUR 90 in state clinics and from EUR 230 in private clinics.
Poland	PLN 0 (legal) – PLN 2000 (illegal)
Portugal	EUR 0 (through the National health system) The cost for the National Health System is EUR 444 (surgical abortion) and EUR 341 (medical abortion) In private clinics, the cost is around EUR 375 (surgical abortion with local anaesthesia), EUR 475 (with general anaesthesia) and EUR 400 (medical abortion). *Diário da República, 1.ª série — N.º 135 — 16 de Julho de 2007*
Romania	EUR 15–150
Slovakia	EUR 0 (health reason covered by health insurance) EUR 250 (other reasons)
Spain	EUR 380 (up to 12 weeks) EUR 495 (from 12 to 14 weeks) EUR 595 (from 15 weeks) In some regions, the autonomous government pays the cost of the abortion to the private clinic (maximum 50% in Andalucia AC), as 97% of abortions are performed in private clinics. Only 3% are free, as performed in the NHS.
Sweden	EUR 32 (SEK 320)
Switzerland	About CHF 400–3,500 depending on place and methods (CHF 1,250 on average)
UK	In England, Scotland and Wales, most young women will be able to access abortion services free of charge on the NHS. The majority of young women from Northern Ireland have to travel to Britain or another European country to access services and this can cost up to GBP 2,000.

Comments:

Slovakia – EUR 250 (other reasons) is an average price in state hospitals. The price can be lower in some smaller rural hospitals that provide the service (for example, EUR 156 up to the 8th week of pregnancy, EUR 205.80 up to 12th week of pregnancy in Bojnice). The prices in private clinics tend to be higher and depend on the clinic (for example, EUR 370 in Medklinik). The price in state hospitals often does not include necessary paperwork and medical examination (EUR 15–40).

4.9 Is the cost covered by public and/or private health insurance?

Country	No	Yes	Partly
Austria	X		
Belgium		X	
Cyprus	X		
Czech Republic			X
Denmark		X	
Finland			X
Germany			X
Ireland	X		
Latvia	X		
Lithuania	X		
Poland		X	
Portugal		X (public, national health system)	(insurances)
Romania	X		
Slovakia			Only for health reason
Spain			X
Sweden			X
Switzerland		X	
UK	NA	NA	NA

Comments:

Germany – The cost is partially covered by statutory health insurance – for example, for medical information and ascertaining of gestational age, but not for abortion itself and anaesthesia. For women whose income is below a certain level, the state covers any further costs.

4.10 Are young people dependent on their parents' / guardians' health insurance coverage?

Country	No	Yes	If yes, will the health insurance provider inform the young person's parents of the nature of the service provided?
Austria	X		n/a
Belgium		X	Not actively but indirectly – due to the administrative system, private social security institutions apply; parents can be responsible for the health expenditures of their children.
Cyprus		X	Yes. Children under 18 who are not married are registered recipients of public health services through their parents. In the case of private health insurance, children are also covered through parents.
Czech Republic	X		n/a
Denmark	X		n/a
Finland	X		n/a
Germany	X		Not in the case of statutory health insurance, but yes in the case of private health insurance (partly).
Ireland	n/a		n/a
Latvia	X		n/a
Lithuania		X	Yes
Poland		X	Yes, but on their request.
Portugal	NDA	NDA	NDA
Romania		X	No. But health services cannot be provided without parental consent.
Slovakia		X	NA
Spain		X	Depends on the age as mentioned above.
Sweden	X		n/a
Switzerland	X		The nature of the service appears on the invoice, which is usually sent to parents.
UK	X		n/a

Comments:

Switzerland: Cost is covered by basic health insurance, which is obligatory for everybody.

4.11 Is post-abortion medical care, including counselling on contraceptive needs, readily available?

Country	No	Yes	If yes, is there a fee?
Austria		X	No
Belgium		X	Yes
Cyprus	X		n/a
Czech Republic		X	No
Denmark		X	No
Finland		X	No
Germany		X	No
Ireland		X	No
Latvia		X	Counselling on contraception should be provided before the patient leaves the medical institution where the abortion was performed (stated in Cabinet regulations No. 590). Post-abortion consultations are the patient's own choice and are covered by the patient herself or health insurance (if she has insurance) as a regular gynaecologist's consultation.
Lithuania		X	No
Poland	X		n/a
Portugal		X	No – only if the woman attends a family planning service.
Romania	X		n/a
Slovakia		X	It depends. It may be by private gynaecologists.
Spain		Depends on each service, but it is not officially regulated	Not in the private clinics, but yes in other services.
Sweden		X	No
Switzerland		X	Counselling in sexual health services: No Medical care: Yes
UK		X	No

Comments:

UK – Generally these services are quite readily available, but there can be issues with links between abortion services and contraception services.

4.12 Do health-service providers, including all hospital staff such as board, nurses, doctors, have a right to refuse care because of a personal belief?

Country	No	Yes	Are they required to refer on to another provider that will provide the requested service in a timely manner?
Austria		X	No
Belgium		x	Yes
Cyprus	X		n/a
Czech Republic		X	Yes
Denmark		X	NA
Finland	X		n/a
Germany		X	Yes
Ireland		X	Yes
Latvia		X	There is no legal framework that states that service providers should refer on to another provider if they are not willing to terminate pregnancy themselves. In fact, according to medical law, they should discourage women from termination of pregnancy. Now that medical technology for induced abortion is being developed by Latvia's Association of Gynaecologists and Obstetricians, timely referral will be included in it. This, unfortunately, will only be a recommendation, not a law.
Lithuania		X	Yes
Poland		X	Yes
Portugal		X	Yes
Romania		Yes, although there are no written regulations in this respect.	No
Slovakia		X	No
Spain		Yes, even cleaners	Yes
Sweden	X		n/a But see comment under question 3.15.
Switzerland		X	Yes
UK		X	Professional guidance states that they have to ensure that service users are aware of how to seek alternative help and to make these arrangements for the person if they cannot do it themselves. However, anecdotally we hear of people who have been denied access to services.

4.13 Do restrictions on safe abortion services disproportionately affect vulnerable young people (e.g., young people in the care of the state, asylum seekers, migrants, etc.)?

Country	No	Yes	Is there a fee?
Austria		X	Yes, the main restriction is the fee, which depends on the hospital.
Belgium		X	Yes, in the case of asylum seekers or migrants, as they do not have social security insurance. In many cases, other institutions cover the expenses.
Cyprus		X	As the only viable option for obtaining abortion services is through private physicians at a relatively high market price, this situation inevitably leads to discrimination in access to such services on the basis of income. Young people's confidentiality regarding obtaining abortion services may be further compromised as a result of having to resort to partners, friends, or family for obtaining the necessary financial resources for an abortion.
Czech Republic	X		n/a
Denmark	X		n/a
Finland	X		However, access with the above-mentioned low fee requires permanent residence.
Germany		X	In particular people "sans-papiers", i.e., without legal status
Ireland		X	Young women seeking asylum and other migrants with travel restrictions are unable to travel outside the country to access abortion services without special permission from the Health Service Executive, the Department of Foreign Affairs and the relevant embassy. Young women in the care of the state are unable to travel outside the country to access abortion services without special permission from the Health Service Executive. Young women from disadvantaged areas face serious difficulties in raising the funds necessary to travel abroad to access abortion services.
Latvia		X	Young people who are in the care of the state and are under the age of 16 are forced to ask permission for abortion in local social services, which can be very difficult both for bureaucratic and psychological reasons. As there is no reduced fee for abortion services, financial reasons represent a barrier for vulnerable young people.
Lithuania		X	Yes
Poland	X		n/a
Portugal	X		
Romania		X	EUR 15–150
Slovakia		X	EUR 250
Spain		X	Yes and no, as explained above.
Sweden	X		Yes. The fee is the same as for an ordinary visit to the doctor – around EUR 10.
Switzerland	X		n/a
UK	X		FPA finds that many vulnerable young people find it difficult to access all health services. Therefore many of them find it difficult to access abortion services, but this is mainly due to their vulnerabilities rather than specific restrictions on abortion for these young people.

Are there any laws or policies that impact young people's SRH that have not been mentioned in the above questions?

Czech Republic:

Policies: In the CR there are special gynaecologists for children and youth.

Portugal:

1976 – Dispatch that determines the creation of family planning consultation as part of the child and maternal health appointment/ consultation.
1984 – Law nº3/84, 24 March on sexuality education and family planning; the right to sexuality education especially for young people in schools; family planning access and free consultation and contraception in public health services
Voluntary sterilisation in persons older than 25 years – Diário da República 24 March, 1984, I Series, nº71
1984 – Law nº 6/84 Exclusion of illegality in some cases of abortion (illicit/unlawful), like in cases where the woman's death or irreversible severe damage might occur; malformations of the foetus; rape situations – Diário República nº109, I series 11 May, 1984
1997 – Law nº 90/97 changes the timelines for abortion – the first 24 weeks of pregnancy if it is proved that the foetus will born with malformations; in case of rape until 16 weeks – Diário República nº174 of 30 of July, 1997, I Series-A
1998 – Resolution from the Republic Assembly nº 51 /98 Sexuality Education and Family Planning; national implementation in all health centres and in obstetrics and gynaecology services of all hospitals; programmes for vulnerable groups (women) including migrant women (documented and undocumented, prostitutes, adolescents and drug users – Diário República nº253, 2 November, 1998.
1999 – Law nº 120/99 reinforces the guarantee to reproductive health. "In primary schools and secondary schools, a programme will be implemented for the promotion of health and human sexuality and the contents included in the various disciplines focusing on the interdisciplinary approach in order to "promote better health" – Republic Diary nº186, 11 August de1999. In article 11 nº1: it mentions: For statistical purposes only, without any identification, and with total guarantees of privacy, all recognised health establishments are required to submit a semiannual report to the Ministry of Health, including details of spontaneous abortions performed, all legal abortions, with indication of the cause, induced abortions, retained or attempted abortion, with the identification of their consequences. The reports should also provide information, without any identification, about any repeated voluntary abortions for each of the clients served and the period of time between abortions or attempted abortions.
2000 – decree – Law nº 259/ 2000 of 17 October, reinforces the guarantee of reproductive health –Diário República nº240 of 17 October, 2000
2001 – Law nº 12 /2001 Emergency Contraception, Diário República nº124 of 29 of May 2001. Ensure timely action to obtain emergency contraception. Emergency contraceptives are freely available in health centres – 1 – "The use by women of a pill in the first seventy-two hours after unprotected intercourse, without consent or not effectively protected by otherwise regular contraceptive." Article 2 – The request for emergency contraception should be dealt with as a matter of priority, as should a subsequent consultation on family planning if the woman requests it.
2007 – Resolution from Republic Assembly nº 27 / 2007
Recommends that the government take action in order to prevent adolescent pregnancy and recommends the collection and systematisation of relevant information on teenage pregnancy to provide a real diagnosis of the situation. Include the prevention of teenage pregnancy in all programmes to combat poverty.
2007 – Law nº 16 /2007, 17 April. Diário República 1º Series – Nº 75 of 17 April Exclusion of elicit in cases of voluntary interruption of pregnancy.
Abortion is not punishable if performed by a physician or under his guidance in officially recognised health facilities, and with the consent of the pregnant woman, if there is evidence that the newborn will suffer from an incurable form of serious illness or congenital malformation, and it is performed within the first 24 weeks of pregnancy, or is performed by the woman's choice in the first 10 weeks of pregnancy. Verification of the circumstances that make a non-punishable abortion is certified in a medical certificate before the abortion, written and signed by a doctor other than the one by whom or under whose direction the abortion is performed. It should be confirmed that the pregnancy does not exceed 10 weeks.

Slovakia:

The new legal amendment adopted in 2009 has a negative impact on abortion services, particularly for young women. The most critical changes:
Amendment to the Act No. 576/2004 Coll. on healthcare, healthcare-related services and on amendment and supplementing of certain laws as amended (2009)
Informed consent in the case of an induced abortion
An induced abortion requires written informed consent following prior instruction. The informed consent must specify the date when it

was given and must be signed by a woman requesting the induced abortion or by her legal representative.
The instruction preceding the informed consent must be provided in the way provided for by Article 6 (2) and must include information about:
the purpose, nature, procedure and consequences of the induced abortion
physical and mental risks associated with the induced abortion
a current development stage of an embryo or a foetus whose development is to be terminated, and on her entitlement to obtain a recording from an ultrasound examination
alternatives to having an induced abortion, in particular the possibility
to conceal her identity in connection with a child birth (§11(10)) 7)
to give the child up for adoption after the birth8)
to receive financial, material or psychological assistance in pregnancy provided by civic associations, non-profit organisations, foundations, churches and religious communities
In the case of an induced abortion pursuant to a special act9), the abortion may only be performed after 48 hours have lapsed since a report on the provision of information referred to in paragraph 2 above was sent; in such a case, a physician shall provide the woman with the information as specified in paragraph 2, also in a written form, including a list of civic associations, non-profit organisations, foundations, churches and religious communities that provide financial, material and psychological assistance to women during pregnancy.
In the case of a minor, an induced abortion also requires, in addition to the written informed consent referred to in paragraph 1, written informed consent provided by the minor's legal guardian who has been instructed in advance. Such informed consent must specify the date when it was given and must be signed by the legal guardian.
Members of SaS (liberal party) proposed a law that would enable mothers with four children or mothers older than 35 years to have free sterilisation on demand. The law is currently in a legislation process.

Sweden:

We would also like to mention that the government from time to time allocates money together with specific projects to special authorities such as the National Youth Board. One example is the work the National Youth Board did on how to prevent early marriages. Another is on "safe meeting places for young LGBT persons."

Glossary

Abortion

Termination of pregnancy before the fetus has become capable of sustaining an independent life outside the uterus. An abortion can occur either spontaneously, when it is called a spontaneous abortion or miscarriage, or it can be brought about by deliberate intervention, when it is called an induced abortion. It is with this last meaning that the word is generally used. The stage at which a fetus is considered viable varies according to different legislations and recommendations.

Adolescence

There is no universally agreed definition of adolescence, and it must be emphasized that it is a phase – rather than a fixed time period – in an individual's life. However, the UN defines adolescence as 10–19 years, with further divisions into early adolescence for 10–14 years and late adolescence for 15–19 years.

Advocacy

A campaign or strategy to build support for a cause or issue. Advocacy is directed towards creating a favorable environment, by trying to gain people's support and by trying to influence or change legislation.

Child

The UN Convention on the Rights of the Child defines a child as being under the age of 18 years.

Comprehensive sexuality education

Comprehensive sexuality education gives young people the tools they need to feel more confident in making informed decisions about their sexuality and to develop healthier and more satisfying relationships. It also assists young people in developing their own values and attitudes and recognizing their rights as sexual beings. Rather than using only a single approach to sexuality education, comprehensive sexuality education includes an emphasis on sexual expression, sexual fulfillment and pleasure, representing a shift away from methodologies that focus exclusively on the reproductive aspects of adolescent sexuality.

Emergency Contraception

A method of contraception used to avoid pregnancy after a single act of sexual intercourse that was unprotected due to lack of use or failure of a contraceptive. Two types are available:

- hormonal treatment with high-dose oestrogen, low-dose oestrogen-progestagen combination or progestagen-alone Emergency Contraception Pills (ECPs), which should be taken as soon as possible after unprotected sex; and
- the insertion of an intra-uterine device, which has to be carried out within five days of unprotected sex.

ECPs are thought to prevent ovulation, fertilization, and/or implantation. They are not effective once the process of implantation has begun and will not cause abortion. Recent studies have provided new information concerning the regimen for levonorgestrel-only and Yuzpe ECPs. This research indicates that ECPs can prevent pregnancy up to five days (120 hours) after unprotected intercourse.

Policy

A set of decisions to pursue courses of action for achieving goals; a goal being an aim towards which to strive.

Reproductive Health

The International Conference on Population and Development stated: "Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations and not merely counseling and care related to reproduction and sexually transmitted diseases."

Reproductive Rights

The International Conference on Population and Development stated: "Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning."

Sexuality

The sexual knowledge, beliefs, attitudes, values, and behaviours of individuals. Its dimensions include the anatomy, physiology, and biochemistry of the sexual response system; identity, orientation, roles and personality; and thoughts, feelings, and relationships. The expression of sexuality is influenced by ethical, spiritual, cultural, and moral concerns.

Sexuality education

Education about all matters relating to sexuality and its expression. Sexuality education covers the same topics as sex education but also includes issues such as relationships, attitudes towards sexuality, sexual roles, gender relations, and the social pressures to be sexually active. It also provides information about sexual and reproductive health services and may include training in communication and decision making skills.

Sexually transmitted infection

Disease resulting from bacteria or viruses and often acquired through sexual contact. Some sexually transmitted infections (STIs) can also be acquired in other ways (i.e. blood transfusions, injecting drug use, and mother-to-child transmission). The term "STI" is slowly replacing "STD" (sexually transmitted disease) in order to include HIV infection. Most STIs, like HIV, are not acquired from partners who are obviously ill, but rather through exposure to infections that are asymptomatic or unnoticeable at the time of transmission.

Unsafe abortion

An induced abortion conducted either by persons lacking the necessary skills or in an environment lacking the minimal medical and hygienic standards, or both. Although the majority of the world's women live in countries where laws permit an induced abortion if they request one and if there are health or social grounds for allowing it, a quarter of women live in countries where there is no access to legal abortion. Even in countries where abortion is legal, women may not be able to obtain abortions easily for reasons of bureaucracy, availability or accessibility. In these circumstances women with unwanted pregnancies frequently resort to unsafe abortion.

Young people

Those persons who are aged 10–24 years.

Youth

Both the UN General Assembly and the World Health Organization define youth as those persons falling between the ages of 15 and 24 years inclusive. However, many countries define adulthood as the age at which a person is given equal treatment under the law, which is 18 in many countries.

Youth-friendly services

Youth-friendly sexual and reproductive health services are those that attract young people, respond to their needs, and retain young clients for continuing care. Youth-friendly services are based on a comprehensive understanding of what young people in a given society or community want, and on respect for the realities of their diverse sexual and reproductive lives. The aim is to provide all young people with services they trust and which they feel are intended for them.

Annex:
Policy assessment tracking tool

Introduction to the Young People's SRHR Policy Assessment Tool

Background

Within the framework of the SAFE II project, the International Planned Parenthood Federation European Network (IPPF EN) will document the Europe-wide policy situation regarding young people's sexual and reproductive health and rights (SRHR). In order to do this, IPPF EN and the Irish Family Planning Association (IFPA)[3] have developed this assessment tool[4] to support 18 IPPF EN Member Associations (MAs) to conduct a baseline assessment of their respective national-level youth SRHR policy situation and track and analyse changes during the course of the project. This assessment will lead to the publication of a C*ompendium of Policies on Young People's SRHR* by the end of the SAFE II project in November 2012.

Structure of the Assessment Tool

The assessment tool is based on the thematic sections and recommendations outlined in the SAFE Policy Guide. There are four sections in the assessment tool:

- Young People's SRH – General Policies
- Comprehensive Sexuality Education
- Young People's Access to Safe Abortion Services
- Young People's Access to SRH Services

These four sections have been carefully reviewed against the SAFE Policy Guide themes, and we have combined questions and areas for assessment in order to reduce any redundancy in the assessment questions.

MA NAME:

DATE ASSESSMENT COMPLETED (Baseline):

DATE ASSESSMENT ANALYSIS:

3 The IFPA is the lead partner in the SAFE II project for the policy work package.
4 This tool was developed based on the WHO format of their European Strategy for Child and Adolescent Health and Development Assessment Tool.

1. Young People's SRH Policies – General

1.1 Which government department has overall responsibility for young people's sexual and reproductive health (SRH)?

Analysis of changes/developments:

1.2 Is there a government minister for children?

☐ No ☐ Yes

Analysis of changes/developments:

1.3 Is there an ombudsman for children (or equivalent)?

No	Yes
	To whom does the ombudsman report? (e.g., parliament, prime minister)

Analysis of changes/developments:

1.4 Is there a parliamentary committee responsible for children and adolescents?

☐ No ☐ Yes

Analysis of changes/developments:

1.5 Has the government signed and ratified the UN Convention on the Rights of the Child?

No	Yes
	When was the latest country report to the Committee on the Rights of the Child?

Analysis of changes/developments:

1.6 Is there a specific national policy for young people's SRH?

No	Yes
Is young people's SRH included in a broader policy regarding young people's health?	Which year was it published?
Is young people's SRH included in a broader policy on SRHR for the whole population?	What are the overall goals of the policy?
Any other policies that include young people's SRH?	

Analysis of changes/developments:

1.7 Is there a government strategy/implementation plan/action plan for young people's SRH?

No	Yes
	Who is responsible for monitoring progress?
	What indicators are used to measure progress?
	Are there regular reports to the parliament on progress?
	Which major sources of evidence are used to underpin the strategy/implementation plan/action plan?(e.g., WHO, UNICEF, UNFPA, World Bank, STI rates, unplanned pregnancy rates, abortion rates)

Are any of the following topics addressed in a dedicated young people's SRH strategy/implementation plan/ action plan OR as part of any other government strategy/implementation plan/action plan?	**Yes\No**
Sexually transmitted infections including HIV and AIDS	
Contraception	
Unplanned pregnancies	
Gender-based violence	
Child protection	
Gender stereotypes	
Self esteem	
Developing healthy relationships	
Sexuality education	
Lesbian/Gay/Bisexual/Transgendered (LGBT) youth	
Drugs and alcohol	
Stigma related to HIV	
Vulnerable young people (e.g., out of school, homeless, asylum seekers, drug users, sex workers, YPLHIV)	

Analysis of changes/developments:

1.8 Is there a budget dedicated to young people's SRH?

No	Yes
	What is the annual budget?
	What is the actual expenditure for the last available year?

Analysis of changes/developments:

1.9 Is there a mechanism for inter-sectoral and/or cross-governmental planning on young people's SRH (e.g., steering committees, inter-departmental committees)?

No	Yes
	Who participates and what are their roles?

Analysis of changes/developments:

1.10 Are young people involved in policy development?

No	Yes
	What is the mechanism for participation?

Analysis of changes/developments:

2. Comprehensive Sexuality Education

2.1 Which government ministry has overall national responsibility for sexuality education?

Analysis of changes/developments:

2.2 Are there any laws in place requiring sexuality education in the formal education system?

No	Yes
	Is the law generally supportive or restrictive of comprehensive sexuality education?
	What year was the law(s) passed?

Analysis of changes/developments:

2.3 Is there a national government policy on sexuality education?

No	Yes
	Which year was it published?
	What are the overall goals of the policy?
Is sexuality education included in any other broader education policy?	

Analysis of changes/developments:

2.4 Do local, regional and/or municipal governments have any responsibility for sexuality education policies?

No	Yes
	Please describe:

Analysis of changes/developments:

2.5 Is there a government strategy/implementation plan/action plan for sexuality education?

No	Yes
	Who is responsible for monitoring progress?
	What indicators are used to measure progress?
	Are there regular reports to the parliament on progress?
	Which major sources of evidence are used to underpin the strategy/implementation plan/action plan?

Are any of the following topics addressed in a dedicated sexuality education strategy/implementation plan/action plan OR as part of any other government educational strategy/implementation plan/action plan?	Yes	No
Sexually transmitted infections including HIV and AIDS		
Contraception		
Unplanned pregnancies		
Gender-based violence		
Child protection		
Gender stereotypes		
Self esteem		
Developing healthy relationships		
Sexuality education		
Lesbian/Gay/Bisexual/Transgendered (LGBT) youth		
Drugs and alcohol		
Stigma related to HIV		
Vulnerable young people (e.g., out of school, homeless, asylum seekers, drug users, sex workers, HIV positive youth)		

Analysis of changes/developments:

2.6 Is there a budget for sexuality education?

No	Yes
	What is the annual budget?
	What is the actual expenditure for the last available year?

The following questions assume there is some level of formal sex education, if this does not apply please skip to the next section.

Analysis of changes/developments:

2.7 Who is responsible for curriculum development (e.g., teachers, schools, Ministry of Education)?

Analysis of changes/developments:

2.8 Do any of the following have any input into the curriculum?

Parents	
Young people	
Religious groups	
Health-care professionals	
Non-governmental organisations	
Others (please describe)	

Analysis of changes/developments:

2.9 Which age groups are targeted for sexuality education?

Analysis of changes/developments:

2.10 Is the sexuality education linked to information/education on how/where to access services?

Analysis of changes/developments:

2.11 Do teachers undergo training to provide sexuality education?

☐ No ☐ Yes

Analysis of changes/developments:

2.12 Is the implementation of sexuality education programmes monitored and evaluated?

No	Yes
	Please provide details

Analysis of changes/developments:

2.13 Describe any major policy gaps or obstacles to the provision of high quality sexuality education?

Analysis of changes/developments:

3. Young people's Access to SRH Services

3.1 Where do young people mostly access SRH services?

- ☐ Primary Care (e.g., General Practitioner)
- ☐ Gynaecologist
- ☐ Andrologist/Urologist
- ☐ Pharmacy
- ☐ School
- ☐ Youth-friendly clinics
- ☐ Hospital
- ☐ They cannot access services
- ☐ Other

Analysis of changes/developments:

3.2 Do youth friendly health services[5] exist?

No	Yes
	Are they available nationally?
	Are they widely advertised in places frequented by young people?
	Are the services run by the government health service, private providers or non-governmental organisations?

Analysis of changes/developments:

3.3 Are health services provided in schools?

☐ No ☐ Yes

Analysis of changes/developments:

5 Youth friendly services encourage youth participation in the design, implementation and evaluation, are easily accessible with flexible opening hours, offer a wide range of affordable and high quality services, are confidential, reach diverse young people in a variety of settings, support service providers and respect the rights of the client. See the SAFE Policy Guide for the definition www.ysafe.net/safe.

Annex. Policy Assessment Tracking Tool

3.4 Are SRH services for young people provided in any other non-traditional locations (e.g., mobile clinics)?

No	Yes
	Please describe:

Analysis of changes/developments:

3.5 Do young people have any input into the design and delivery of health services?

No	Yes
	Please describe:

Analysis of changes/developments:

3.6 Do young people have to pay for health services? Contraception? Condoms? STI testing and treatment (including HIV)?

No	Yes
	Are the costs prohibitive?

Analysis of changes/developments:

3.7 Are STI testing and treatment (including HIV) and contraception advice and services for young people available from the same service delivery points?

☐ No (separate services) ☐ Yes (integrated services)

Analysis of changes/developments:

3.8 What is the age to consent to sexual activity?

Age:	
Does this impact on the delivery of SRH services?	
NO	Yes – Please describe

Analysis of changes/developments:

3.9 What is the age to consent to medical care including contraceptive services?

Age:	
Does this impact on the delivery of SRH services?	
NO	Yes – Please describe

Analysis of changes/developments:

3.10 Are there any laws and policies in place preventing young people from accessing confidential SRH services, including HIV testing and treatment?

No	**Yes**
	Please describe:

Analysis of changes/developments:

3.11 Are there any laws or policies that restrict access to information on SRH (e.g., contraception and condoms advertising on TV)?

No	**Yes**
	Please describe:

Analysis of changes/developments:

3.12 Are guidelines in place to assist health-care professionals in providing SRH care to young people?

No	**Yes**
	Who is responsible for updating and monitoring these guidelines?

Analysis of changes/developments:

3.13 Is emergency contraception available from pharmacies without a doctor's prescription?

No	Yes
	Are there any age restrictions?

Analysis of changes/developments:

3.14 Are condoms available in a variety of settings?

☐ No ☐ Yes

Analysis of changes/developments:

3.15 Do health-service providers have a right to refuse care because of a personal belief?

No	Yes
	Are they required to refer on to another provider that will provide the requested service in a timely manner?

Analysis of changes/developments:

3.16 Is there an independent and confidential complaints mechanism whereby young people can make a complaint about health-service providers that do not provide them with the appropriate care?

☐ No ☐ Yes

Analysis of changes/developments:

Are there any laws or policies that impact young people's SRH that have not been mentioned in the above questions?

Please describe:

Analysis of changes/developments:

4. Young People's Access to Safe Abortion Services

4.1 What law(s) determine when a pregnancy may be legally terminated?

Analysis of changes/developments:

4.2 On what grounds can pregnancies be terminated?

Analysis of changes/developments:

4.3 Are there gestational limits?

Analysis of changes/developments:

4.4 Are there any exceptions to the gestational limits?

Analysis of changes/developments:

4.5 Is confidential counselling available for young people with an unplanned pregnancy?

No	Yes
	Are counselling services regulated to ensure high quality, non-directional and accurate services?

Analysis of changes/developments:

4.6 Do young people require their parents' consent to terminate a pregnancy?

No	Yes
	At what age?

Analysis of changes/developments:

4.7 Are there guidelines to assist health-care providers in providing care for young people who choose to terminate a pregnancy?

No	Yes
	Who is responsible for monitoring and evaluating the guidelines?

Analysis of changes/developments:

4.8 What is the cost of terminating a pregnancy?

Analysis of changes/developments:

4.9 Is the cost covered by public and/or private health insurance?

☐ No ☐ Yes ☐ Partly

Analysis of changes/developments:

4.10 Are young people dependent on their parents'/guardians' health insurance coverage?

No	Yes
	Will the health insurance provider inform the young person's parents of the nature of the service provided?

Analysis of changes/developments:

4.11 Is post abortion medical care including counselling on contraceptive needs readily available?

No	Yes
	Is there a fee?

Analysis of changes/developments:

4.12 Do health-service providers including all hospital staff such as board, nurses, doctors have a right to refuse care because of a personal belief?

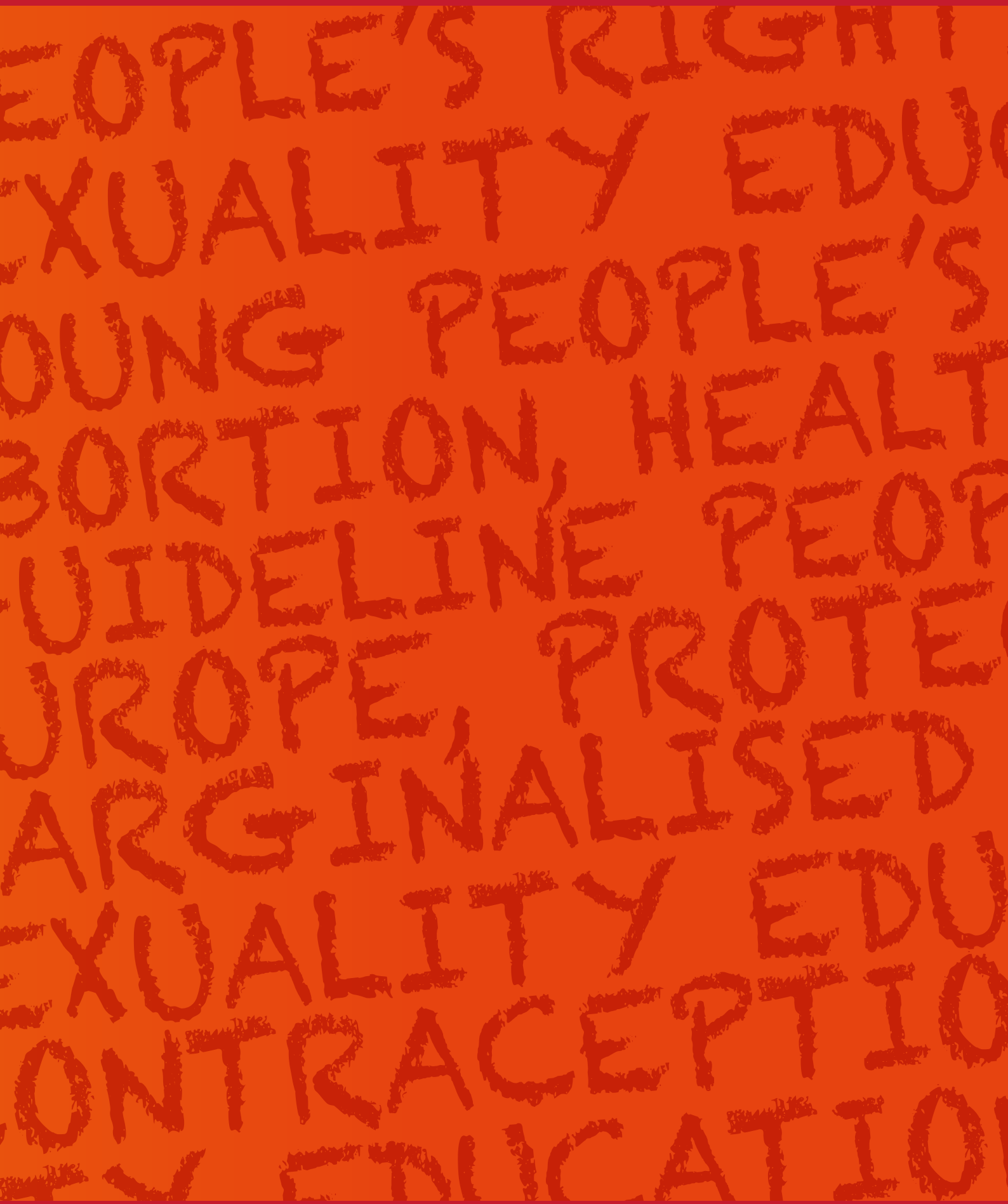
No	Yes
	Are they required to refer on to another provider that will provide the requested service in a timely manner?

Analysis of changes/developments:

4.13 Do restrictions on safe abortion services disproportionately affect vulnerable young people (e.g., young people in the care of the state, asylum seekers, migrants, etc.)?

No	Yes
	Is there a fee?

Analysis of changes/developments:



Disclaimer:

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