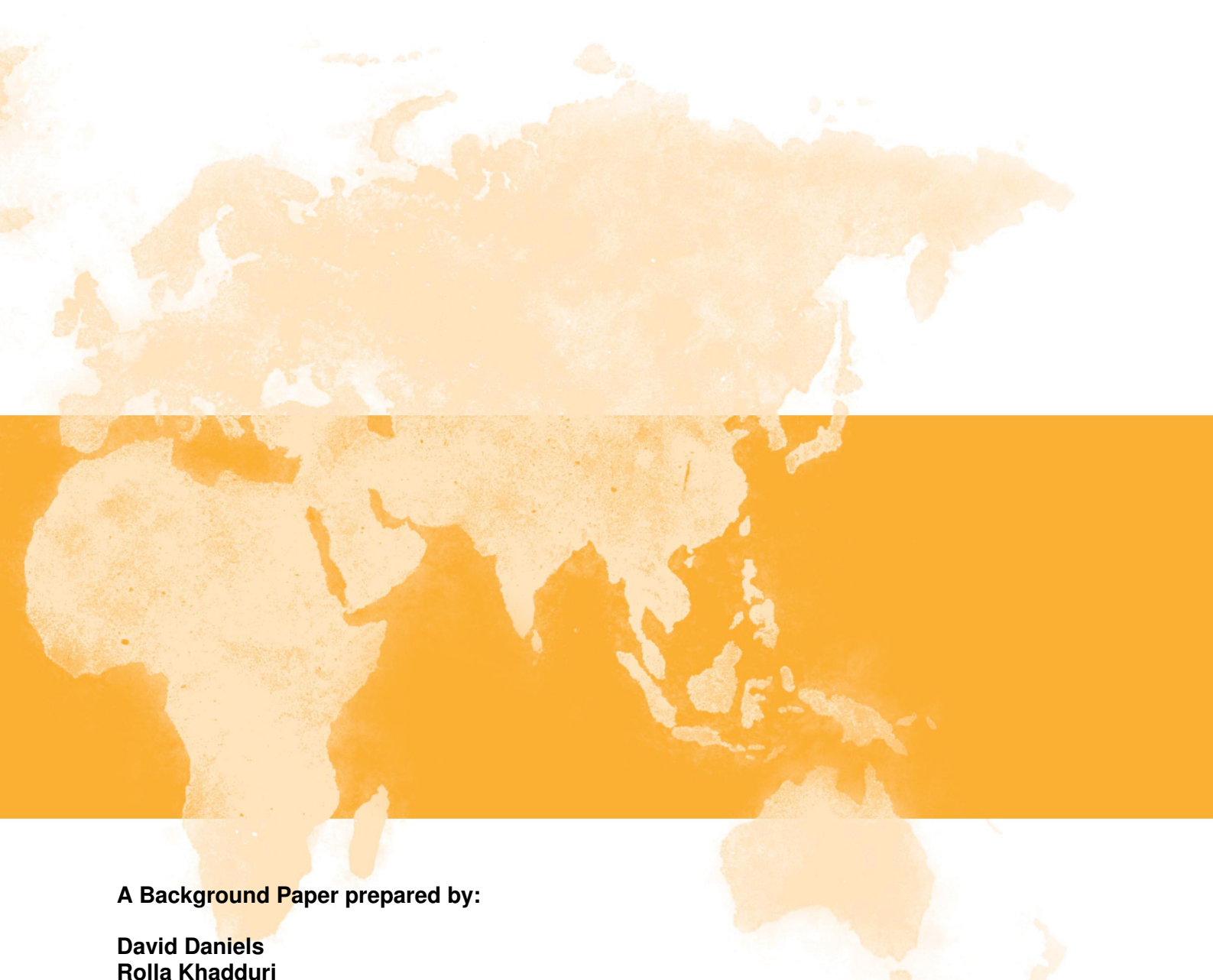




# **The Current Climate towards Sexual and Reproductive Health and Rights within Europe**



**A Background Paper prepared by:**

**David Daniels  
Rolla Khadduri**

**HLSP  
London  
June 2005**

## **Contents**

<b>Executive Summary</b>	<b>3</b>
<b>Introduction</b>	<b>4</b>
<b>1. Europe and Sexual Reproductive Health and Rights</b>	<b>5</b>
<b>2. Relevant Developments in Europe and their impact on SRHR</b>	<b>10</b>
<b>3. Conclusions</b>	<b>17</b>
<b>Annex 1: Description of European Institutions</b>	<b>19</b>
<b>Annex 2: European aid budget</b>	<b>21</b>

## Acronyms

ACP	Africa, Caribbean and Pacific
AIDCO	EuropeAid Cooperation Office
COM	Communication
CSP	Country Strategy Paper
DCECI	Development Cooperation and Economic Cooperation Instrument
DG	Directorate General
EC	European Commission
ECHO	European Commission Humanitarian Office
EDF	European Development Fund
ENPI	European Neighbourhood and Partnership Instrument
EP	European Parliament
EU	European Union
FP	Family Planning
ICPD	International Conference on Population and Development
IPA	Instrument for pre-accession Assistance
MDG	Millennium Development Goal
MEP	Member of European Parliament
ODA	Overseas Development Assistance
PfA	Programme for Action
PoA	Programme of Action
PRSP	Poverty Reduction Strategy Paper
RELEX	External Relations
SANCO	Health and Consumer Affairs
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
WHO	World Health Organisation

## Executive Summary

Europe played a key role in shaping the international debate on population, sexual and reproductive health and rights in the run up to the International Conference on Population and Development (ICPD) in Cairo 1994 and subsequently. European governments, the European Commission and civil society groups have been major supporters of the ICPD Programme of Action and its implementation over the last decade and this combined “voice” has been extremely influential on global and national action. The debate within Europe has often been intense and while there are opposing views Europe has managed to put forward a comprehensive and constructive set of policies and implemented these through its development cooperation funds.

The aim of this document is to highlight the likely direction of the “New” Europe in its attitudes, policies and actions on sexual and reproductive health and rights (SRHR). The document describes the major changes such as the enlargement process that has increased the size of Europe to 25 countries and has introduced many new social and political opinions and characteristics. The early signs and evidence of the implications for European policy are reviewed and some early impressions provided.

The complexities of the European Institutions are also explored and the changing dynamics within the European Commission, Council and Parliament discussed. The rise of the conservative right in European politics and the inclusion of the new Member States does not appear to have impacted on SRHR policy and the early signs from the new Commission are positive. One of the encouraging markers is the approval of the new Communication ‘A Coherent European Policy Framework for External Action to Confront HIV/AIDS, Malaria, and Tuberculosis’ (COM (2004) 726). This calls for continued support for the ICPD PoA and emphasises the importance of SRH&H activities. It also calls for harmonised actions across development, trade and research. The involvement of several Directorates General, such as DG Development, DG Health and Consumer Affairs and DG Research among others, highlights the importance of engagement across several European Commission DGs when advocating for this topic. Working closely with the new Member States on SRH&H and development policies will also be important over the coming years as many countries are relatively new to this issue.

The EU is also in the process of establishing a set of new simplified financing instruments that will see the number of budget lines reduced dramatically. The EC decided on 29<sup>th</sup> September 2004 (Com (2004) 626) to replace the existing range of financial instruments (there are currently more than 90 budget lines) with a simpler, more efficient framework comprising of only six instruments. There is an ongoing discussion at the level of Finance Ministers and heads of government regarding the budget overall ceiling and the finances of the various budget items. In addition, there is a parallel ongoing discussion about content of the financial instruments – i.e. how the money will be spent. The potential of using several financing instruments for non-European countries again indicates the importance of working with several DGs simultaneously when advocating the SRHR agenda.

European civil society organisations remain an important voice for SRHR both within Europe and outside. NGOs have consistently advocated for increased funding and the scaling up of effective programmes and interventions especially among young people. The partnership between European governments, the European Institutions and European civil society groups is key to maintaining the gains already achieved and pushing for further gains in the future.

## Introduction

This paper provides a commentary on the current trends and influences on European policies towards sexual and reproductive health and rights (SRHR). It focuses on the European institutions in Brussels, and describes some of the key changes (including political and financial) that are taking place, and how these might affect the SRHR agenda. This background paper was commissioned by the Hewlett Foundation, and is written as a precursor to an evaluation of EuroNGOs, to take place in the second half of 2005. The information presented here is based on a review of the literature as well as discussions with a range of key informants.

European and bilateral Member State international SRHR policy - European international development policy defines the framework of action that is executed on behalf of the EU by the European Commission. Further details regarding the various European institutions, including the European Commission, the European Parliament, and the Council, are included in Annex 1. European international policy is agreed upon by the 25 European Member States, and written in Treaties, Communications, Staff Working Papers, Regulations<sup>1</sup>. European Member States also have their own international policy (i.e. bilateral development policy), implemented by a variety of national institutions – for example DFID (the Department for International Development) for the UK, SIDA for Sweden etc. Bilateral international policies should be consistent and coherent with EU international policy, although the evidence of this is sometimes weak. This was an issue raised in the context of a recent roundtable on Maternal and Newborn Health in Brussels. The lack of cross referencing with European Policy within DFID policy documents is another example.

European national SRHR policy - European Member States also have their internal policies regarding SRHR, which can be different from the type of SRHR policies they promote through overseas development assistance (and the EU has no competence over national health policies of its Member States). These national SRHR agendas have often impacted on the type of international policies the Member States promote, both through bilateral aid and through European international aid. European civil society influences both European Member States national and international SRHR policies, and EU international development and SRHR policies. Detailing every bilateral EU Member State policy towards SRHR goes beyond the scope of this paper.

Paper structure - This background paper begins by describing European international policies and in particular SRHR, including details of the legislative instruments that underpin it. The paper then gives the financial commitments the EC has made to SRHR in the recent past. There are also sections briefly detailing Europe's approach to the Millennium Development Goals, and the type of influence civil society has on the European SRHR agenda. The paper then goes on to detail some of the key changes Europe is undergoing, including several new key health and development policies, the enlargement of the European Union to 25 Member States in 2004, the discussion of new financing instruments for the European Commission, and the recent instalment of a new Commission and Parliament. Considering all the available evidence is challenging given the ongoing evolution of new issues within Europe, such as enlargement and the discussions on increasing overall aid flows from the EU. Overall, the paper concludes that Europe has a historical precedent, and continues to present a strong opportunity, to support SRHR on the international scene; but the changes in development instruments and political focus do pose some challenges to Europe's support to SRHR. The paper makes recommendations on how to garner Europe's backing for SRHR.

---

<sup>1</sup> A Regulation is a legally binding document adopted by Council and the European Parliament. Another form of EU legislation is a Directive. Communications are statements by the European Commission, most often sent to Council and the European Parliament, often as proposals for regulations. Conclusions are statements by Council about issues (e.g. about Communications). Similarly, resolutions are statements by the European Parliament about issues.

## 1. Europe and Sexual Reproductive Health and Rights

### 1.1 Europe and ICPD

The Member States of the European Union (EU) and the European institutions have been major drivers of international policy in population and reproductive health over the last decade. All 15 of the countries that were EU Member States at the time played an important role in obtaining the consensus reached at the International Conference on population and Development (ICPD) in 1994 in Cairo. One of the key factors in this influence was the close working relationships within the EU and the careful preparations on contentious policy issues that took place in the run up to the conference (personal communication).

Since ICPD, this solid European support for SRHR has continued, and has been evident around events to mark ICPD+5 and ICPD+10. The EU has been a strong proponent of the language and implementation of SRHR and has often been instrumental in defending this at subsequent international meetings. The governmental support for SRHR has also been strongly underpinned by civil society groups and parliamentary activity across the EU. 2004 was a particularly strong year for European advocacy of SRHR – In the latter half of 2004, the Dutch government (who are well known for their support to SRHR) held the EU Presidency, and Poul Nielson – a strong supporter of ICPD – was Commissioner for Development Cooperation and Humanitarian Aid. They organised a High Level meeting entitled “Reproductive health and rights: towards a responsible Europe” in Brussels in late September. In addition, it was the year of ICPD+10, and Europe was particular vocal in its support to SRHR.

### 1.2 Current European RH Policy

There are several key European documents that have placed SRHR on the political and legislative agenda, and are evidence of the present and evolving European support to SRHR since 2000<sup>2</sup>. Table 1 below is a non-exhaustive list of some of the key ones since 2000. An account of European health, AIDS, population and development policies prior to 2000 can be found in previous reviews<sup>3</sup>.

The European Community’s overall framework that guides its development policy and cooperation with developing countries was defined in the 2000 European Community’s Development Policy, and is currently undergoing revisions with a view to finalisation by the end of 2005. In 2000 and 2001, the EC defined its framework and programme for action on communicable diseases (including HIV/AIDS), and this also illustrated its continued commitment to ICPD. The overall Health, AIDS and Population policy of the EC, defined in 2002, also clearly illustrates this commitment. Recently, the EC updated its communicable disease policies and adopted another framework to confront HIV/AIDS, malaria and TB (October 2004), and the Programme for Action to do so (April 2005). These again renewed the commitment to ICPD. More information on these recent developments can be found in section 2.

In July 2002, the European Parliament adopted the Resolution on SRHR in Europe and the Accession Countries, initiated in the Women’s Rights Committee by MEP Anne Van Lancker. This report made three significant recommendations to the EU: firstly, that Member States and accession countries improve the exchange of information and best practice around SRHR; secondly, the need for easier access to emergency contraception, sex education, safe and accessible abortion, and SRH education services; and thirdly, the report specifically calls the EC to fill the budgetary gap caused by the Bush Administration Mexico City Policy<sup>4</sup>, especially with regard to Central and Eastern Europe.

---

<sup>2</sup> This Regulation is also the legal basis for the use of the resources allocated on a yearly basis to the specific budget line of the Community budget for sexual and reproductive health and rights.

<sup>3</sup> Daniels, D. 2000 and 2001

<sup>4</sup> The global gag rule that halts US funding to organisations providing legal abortion services, counseling and referral for abortion, or lobbying to make abortion legal or more available in their own country

This was a landmark resolution, and led to the EC Regulation 1567/2003 of the European Parliament and of the Council on aid for policies and actions on reproductive and sexual health and rights in developing countries, adopted in 2003. The Regulation covers a three-year period (expiring on 31<sup>st</sup> December 2006). Its purpose is to:

- Secure the rights of women, men and adolescents to good RSH.
- Enable women, men and adolescents to have access to a comprehensive range of safe and reliable RS health care services, products and information (on the kind of FP methods).
- Reduce maternal mortality rates in countries and populations where these problems are more present.

In March 2004, the European Parliament adopted another significant Resolution on Population and Development: 10 years after the UN Conference in Cairo (ICPD), initiated by MEP Karin Junker in the Development Committee. This resolution calls on all EU MS and the EC to make the goals of the ICPD Programme of Action a priority in both policy and funding in the area of ODA, and to highlight issues of SRHR in their own countries.

Various documents related to the MDGs have also emphasised Europe's continued support to SRHR (please see Table 1 below).

**Table 1: Roadmap of key European documents regarding SRHR since 2000**

Key selected documents 2000-April 2005
Declaration by the Council and the Commission on the <b>European Community's Development Policy</b> . (ref 13458/00 of 16 November 2000, and the Communication on Development Policy COM(00)212)
EC Communication on <b>Accelerated Action Targeted at Major Communicable Diseases within the Context of Poverty Reduction</b> (COM(2000) 585)  EC Communication on <b>Programme for Action on Communicable Diseases in the Context of Poverty Reduction</b> (COM(2001) 96)
The EC Communication on <b>Health and Poverty Reduction in Developing Countries</b> (COM(2002) 129)  Council Resolution of 30 May 2002 on <b>Health and Poverty Reduction in Developing Countries</b>
European Parliament Resolution on <b>Sexual and Reproductive Health and Rights in Europe and Accession Countries</b> of July 2002
Council Conclusions of 20 May 2003 on <b>Aid for Policies and Actions on Reproductive and Sexual Health and Rights in Developing Countries and Aid for Poverty Related Diseases</b>  Regulation (EC) 1567/2003 of the European Parliament and of the Council on <b>Aid Policies and Actions on Reproductive and Sexual Health and Rights in Developing Countries</b> of 15 July 2003
Regulation (EC) of the European Parliament and of the Council of 15 July 2003 on <b>aid to fight poverty diseases (HIV/AIDS, tuberculosis and malaria) in developing countries</b>
European Parliament Resolution on <b>Population and Development: 10 years after the UN Conference in Cairo (ICPD)</b> , (2003/2133(INI))

Council Conclusions of 26 January 2004 and of 27 April 2004 on the <b>EU position with regard to the MDGs</b> , as well as on the Mandate for the Commission to prepare an EU synthesis report on the MDG stocktaking exercise due in 2005
Staff Working Paper on a “ <b>Coordinated and integrated approach to combat HIV/AIDS within the European Union and its neighbourhood</b> ”, endorsed in the “Vilnius Declaration” adopted by participants in the Ministerial Conference “Europe and HIV/AIDS: New Challenges, New Opportunities” (Vilnius, 17 September 2004).
The EC Communication of October 2004 on <b>A Coherent European Policy Framework for External Action to Confront HIV/AIDS, Malaria and Tuberculosis</b> (COM(2004)726) And the EC Communication on a European Programme for Action to Confront HIV/AIDS, malaria and tuberculosis through External Action (2007-11), COM(2005)179 of 27 April 2005
Council Conclusions on <b>Cairo/ICPD+10</b> of 24 November 2004 (15157/04)
European Commission <b>Report on Millennium Development Goals 2000-2004</b> , November 2004
<b>Pending documents (post April 2005)</b>
Implementation plan for HIV/AIDS, malaria and TB (to follow on from the policy framework and the Programme for Action)
A programme for action for HIV/AIDS in Neighbouring Countries, following on from the Vilnius Declaration
New Development Policy, following online consultation

This list of relevant documentation demonstrates a comprehensive level of debate on the one hand and on the other hand the complexity of EU policy documents relating to SRHR issue.

A last point of mention is the Cotonou Agreement, which is the 2000 treaty between 15 EU Member States and 77 African, Caribbean and Pacific countries for overseas funding. This Agreement forms the basis for voluntary EU Member States contributions to the European Development Fund (the EDF) to these countries, and is discussed in more detail in Annex 2. From a policy perspective, it is worthy to note that the Preamble of the Cotonou Agreement refers to the recent series of UN Conferences, including ICPD. Under the section on Social and Human Development of the Cotonou Agreement, Article 25 makes extensive reference to reproductive health, family planning, the prevention of female genital mutilation, and the promotion of the fight against HIV/AIDS. Article 31 talks about gender issues, referring to access to basic social services, especially education, health care and FP.

### 1.3 European funding for SRHR

Europe’s policies towards SRHR are important to consider because they illustrate Europe’s position and advocacy efforts in international fora, and also because they are supposed to set the framework for funding.

There are currently two sources of European Commission funding to developing countries – one is through the European Community budget that is made up of fixed contributions from EU Member States, and the other is specifically for African, Caribbean and the Pacific (ACP) countries that



derives from voluntary contributions of EU Member States, based on the Cotonou agreement described above. Please see Annex 2 for more details of these budgets. This EC budget structure is valid until 31 December 2006<sup>5</sup>.

The current EC overseas development budget is divided into geographic (i.e. country) and thematic (sectoral) budget lines. The bulk of EC support to developing countries is channelled through macroeconomic budget support (also known as general budget support), in response to requests from developing country governments, and through geographic budget lines. A varying proportion of the macroeconomic budget support contributes to improved health outcomes in each country, depending on the Country Strategy Papers (CSPs), policy dialogue around Poverty Reduction Strategy Papers (PRSPs) and national prioritisation of health. Countries are encouraged to focus on two sectors in the CSP, however health is not normally one of these focal sectors.

Reasons for countries not choosing health as a focal sector may include the traditional expertise of the EC being in other sectors (e.g. transport), the lack of health expertise in EC delegations able and willing to advise and argue for health support in discussions with the government, and – in many countries – the weak position of the Ministry of Health (relative to other Ministries) in the policy dialogue. However, participation in sector support programmes makes for more intense dialogue on health policies and how to improve them and increase support for systems. The low figures also reflect the fact that national budget allocations to health are low in many countries, and increased national allocations to health, in line with poverty reduction strategy objectives, will be needed before there can be a greater allocation of EC macroeconomic budget support to the health sector<sup>6</sup>.

The EC has identified a core set of ten key indicators drawn from the 48 MDG indicators. These include 2 SRHR indicators (proportion of births attended by skilled health personnel, and HIV prevalence among 15-24 year old pregnant women). From 2003, the EC started to use the ten key indicators to assess the performance of the countries and regions where it provides development assistance. All indicators are progressively being incorporated into CSPs.

Of the thematic (sectoral) budget lines, those relevant to SRHR include:

B7 6312 Reproductive Health<sup>7</sup>

B7 6211 Poverty Diseases (HIV/AIDS, Malaria, TB)

B7 6220 Integrating gender issues in development cooperation

Regulation 1567/2003 sets an overall financial framework of Euros 73.94 million for implementation during the period 2003-2006 under the budget line B7 6312. While in previous years the main focus of the interventions funded under this budget line was the prevention of maternal mortality, in 2004 funding was focussed on improving the SRH of young people in developing countries, including life-skills training, improving access to services, and advocacy on SRHR. Furthermore, the issue of the right to sexual and reproductive health was increasingly emphasised.

In 2001, the EC pledged to fill the 'decency gap' left by the revised abortion policy of the then new US Administration (as described above). The first part of this funding materialised in 2002, with an EDF-funded €35 million sexual and reproductive health programme for UNFPA and IPPF. The EC then provided, in 2004, additional programmed support to UNFPA of approximately €15 million Euros to be focused on a strategy to improve the supply of essential SRHR commodities. The

---

<sup>5</sup> In view of the next financial perspectives (2007-2013), the EC and EU Member States are discussing a substantive reform of the financial architecture aimed at rationalizing the number of separate budget lines.

<sup>6</sup> The same is often true of bilateral development assistance from EU Member States. An analysis of the existing PRSPs and health sector programmes by the World Bank and UNFPA shows that population and reproductive health are often included in poverty context analyses, but are not then adequately reflected in policies, programmes, or budgets and monitoring indicators (Netherlands Ministry of Foreign Affairs, 2004).

<sup>7</sup> This horizontal budget line replaced two budget lines on HIV/AIDS-related operations in developing countries previously (AIDS and population, and Reproductive Health).

Dutch government and the UK government, in addition to other EU Member States, provided the remainder of the \$75 million RH Thematic Trust Fund to UNFPA.

Overall, the European Commission contributed €655.4 million at the start of the implementation of the Cairo Programme of Action. A 2004 evaluation concluded that the EC provides approximately 10% of global support to broader Cairo goals, and the EU as a whole (i.e. EC + EU Member States) provides more than 60% to this cause (Netherlands Ministry of Foreign Affairs, 2004).

#### 1.4 Millennium Development Goals

In relation to the UN Member States Millennium Declaration in 2000 the EU Member States committed themselves to achieving the MDGs by 2015<sup>8</sup>. The EC's Report on the MDGs 2000-2004 (draft) emphasises "maintaining the international consensus and commitment to ICPD, particularly in the area of sexual and reproductive health and rights" under "EC priorities and action on the way towards 2015 – goal 5". Different EU Member States have varying views about whether or not to push for an SRHR target. Some feel that pushing for a new target and new indicators now would weaken the already-agreed upon MDGs. Others feel that the without placing SRHR clearly in the written MDGs, political and financial commitments might be less forthcoming.

Following the Paris High-Level Forum (hosted by the French Government February 28<sup>th</sup> – March 2<sup>nd</sup> 2005) where the "Paris Declaration on Aid Effectiveness" was released, the Commission adopted three Communications on April 12<sup>th</sup> on the subject of the MDGs. The three Communications together make up the "MDG-Package". The package makes proposals in the areas of Finance for Development, Coherence for Development, and Focus for Africa.

#### 1.5 European Civil Society and SRHR issues

Historically, the partnership between civil society and European governments and institutions on the issue of SRHR has been very strong. For example, civil society formed a major component of several of the ICPD national EU Member State's representations and influenced the preparatory communications a great deal.

Nationally, civil society in Member States seem to be well organised around the domestic issue of SRHR, with the exception of most of the 10 new Member States where there is little history of organisation and support to civil society. On a pan-European level, civil society tends to be less organised on SRHR. EURONGOs, an umbrella group for organisations dealing with SRHR issues, is one such attempt, and the IPPF European network is perhaps the most comprehensive network of nationally active NGOs on SRHR issues. The Inter-European Parliamentary Forum on Population and Development is an independent international NGO, with membership open to Parliamentary groups on Population and Development. It promotes dialogues between European MPs on these issues.

It must also be remembered that European SRHR civil society is very diverse, and even more so now with the enlargement to include groups from several of the new Member States. Some aspects of civil society occupy the middle ground, whilst the political stand of others tend to stand at different poles of the SRHR debate. It must also be noted that there is a strong and active pro-life movement in Europe as well as the pro-choice oriented groups.

---

<sup>8</sup> In a recent report presented to the UN Secretary General, the Millennium Project's report on MDGs included strong recommendations regarding population and sexual and reproductive health, advocating for taking more account of commitments made at ICPD. The final synthesis report (Sachs 2005) included expanding access to sexual and reproductive health services as one of its 'Quick Wins' (solutions that should be implemented immediately to advance development), and one of the Millennium Project's 'Ten Key Recommendations' is "to focus on women's and girl's health (including reproductive health)...". Most notably, the Child Health and Maternal Health Task force of the Millennium Project recommends that an additional sexual and reproductive health target be included under Goal 5 (maternal health), and several sexual and reproductive health indicators be included under Goals 3,5, and 6.

## 2. Relevant Developments in Europe and their impact on SRHR

### 2.1 New Development and Health Policies

There is common ground in all EU Member States and EC development assistance around the goal of poverty alleviation, articulated by support towards achieving the Millennium Development Goals. However, the more detailed stance of European Member States and the EC towards development assistance – and particularly towards SRHR – is complex. The EC and some MS are at the forefront of upstream approaches through PRSPs, budget support, and sector-wide approaches. As already described above, these do not always translate into funding for health, let alone for SRHR. There is also increasing support for global health partnerships and more specific health and medical interventions particularly linked to communicable diseases and new technologies, rather than broader public health prevention strategies. These two relatively recent developments have contributed to diluting the overall global support to SRHR since ICPD.

In January 2005, the EC launched an online consultation on the review of the EC's Development Policy Statement (although the 2000 Development Policy gave clear priority to addressing the issue of poverty, it did not include reference to the MDGs because of timing). The revised development policy should be ready by the end of 2005. The larger issues have yet to be decided such as whether to go for budget support or thematic support, focus on all developing countries or only low income countries, and of-course how much money will be given to development cooperation cannot be decided until the Financial Perspectives (see below) are decided, and some other issues such as SRHR are also to be addressed. Despite this, the EC has already indicated that it wants to put women's reproductive health and child rights at the heart of the new Development Policy (press release of 4 May 2005), and that maintaining commitments to SRHR is essential for accelerating progress towards the MDGs.

Another significant EC development has been the recent HIV/AIDS, malaria and TB Communication presented by the EC and accepted by Council and Parliament in October 2004 – 'A Coherent European Policy Framework for External Action to Confront HIV/AIDS, Malaria, and Tuberculosis' (COM (2004) 726). This clearly illustrates the Commission's continued commitment to sexual and reproductive health and rights, the need to emphasise condoms as the proven best-practice prevention method for HIV/AIDS, and the need to maintain political momentum and focus on the full Cairo agenda. It continues and strengthens the legacy from the original Programme for Action (PfA) in 2001, which also clearly reflected EC policy on sexual and reproductive health and rights, maintaining the commitments made at ICPD. The Programme for Action following this Communication on the policy framework was adopted by the Commission on the 27<sup>th</sup> April 2005, and is currently being discussed in Council. It does not allocate funding to the actions. The PfA emphasises the importance of including the discussion of SRHR in political dialogue with countries, and exploiting mutual synergies between SRH and HIV/AIDS programming and services.

However, although both the policy framework and the PfA give specific mention to SRHR, and consider the development of human resources in the health sector as an important subject, they also follow the overall global trend witnessed in most bilateral Member State policies; namely, an emphasis on global partnerships, and technological fixes (such as specific actions in the areas of affordable pharmaceutical products, regulatory capacity, and the research and development of new tools and interventions). The important issue here is the intention that GHPs and the new funding instruments such as the GFATM are harmonised and aligned with national policies and priorities in recipient countries.

In addition to the drafting of the new Development Policy and the new framework and PfA on HIV/AIDS, malaria and tuberculosis, another interesting development is the increasing emphasis on HIV/AIDS in the European neighbourhood. Due to the re-emerging epidemic in Europe and its neighbouring countries, the EC has highlighted the need for immediate action through a separate Working Paper adopted by the Commission on 8 September 2004. It proposes a set of concrete

actions for the next eighteen months. These actions and recommendations to partners were endorsed in the 'Vilnius Declaration' adopted by participants in the Ministerial Conference "Europe and HIV/AIDS: New Challenges, New Opportunities" (Vilnius, 17 September 2004). In 2005, there will probably be a new Communication on HIV/AIDS in Europe and beyond, based on the policy framework, but specifically defining action for HIV/AIDS in Europe and neighbouring countries. One implication for the SRHR agenda here is that DG SANCO (which is responsible for producing this Communication) does not have a history of working with the Cairo agenda.

## 2.2 New Financing Perspectives and Financial Instruments

The Financing Perspectives provide a multi-annual framework for the EU's budget, covering all sectors such as agriculture, structural funds, development cooperation, research etc. The current Financing Perspectives all run out by 2006 (except for the European Development Fund, which is separate and based on voluntary contributions, and continues to 2007, as described in Annex 2). There is an ongoing discussion at the level of Finance Ministers and heads of government regarding the budget overall ceiling and the finances of the various budget items, which have an effect on actual figures that each Member State will contribute towards the new Financing Perspectives. This discussion will probably continue well into 2005.

In addition, there is a parallel ongoing discussion about the financial instruments – i.e. how the money will be spent. The existing range of financial instruments for EC external action (both geographical and thematic instruments) has grown in an ad-hoc manner over time. There are currently more than 90 budget lines, based on more than 30 Regulations, resulting in lack of coherence and high administrative cost in implementation. The EC decided on 29<sup>th</sup> September 2004 (Com (2004) 626) to replace the existing range of financial instruments with a simpler, more efficient framework comprising of only six instruments.

These six instruments are policy-driven, and also have to be more flexible and broad in order to encompass the multitude of actions the EC wants to take. They represent a genuine attempt by the EC to improve efficiency and effectiveness of the budget administration.

Of the six proposed instruments, three support EU external policies (pre-accession, neighbourhood and development), and three are instruments to respond to political, humanitarian and financial crisis situations. Details of the proposed six new financial instruments are provided in Table 2 below.

**Table 2: Proposed new financial instruments for the EC**

<i>Instruments 2007-13</i>	<i>Suggested total amounts (as of Nov 2004)</i>	<i>Beneficiary countries</i>
Development Cooperation and Economic Cooperation Instrument (DCECI)	€44,229 million <sup>9</sup>	All non-member countries (incl. their overseas territories) not covered by IPA and ENPI (i.e. Albania and Central Asian Republics)
European Neighbourhood and Partnership Instrument (ENPI)	€14,929 million	Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, Palestinian Auth., Russian Federation, Syria, Tunisia, Ukraine
Instrument for Pre-Accession Assistance (IPA)	€14,653 million	Croatia, Turkey, Western Balkans
Stability instrument	€4,455 million	All third countries (except overseas territories of EU)
Humanitarian Aid Instrument	To be decided	Emergency areas

<sup>9</sup> This figure includes the EDF allocations. The EC has proposed to budgetise the EDF and locate the money within the overall new Financial Perspectives in an effort to have a single and transparent, democratically controlled financing of all external action. However, ongoing discussion, mainly between Member States, also remains over this issue.

The European Commission has adopted these six new instruments, but the European Parliament and Council have not yet approved them. In particular, there is opposition to the new proposed Development Cooperation and Economic Cooperation Instrument (DCECI), and negotiations are ongoing about how to resolve the differences between the Commission, Council and Parliament regarding this new instrument.

Under the Commission's proposal, the EC would develop both geographic and thematic strategies that will guide how money is spent from the DCECI (and ENPI). The geographic programmes would involve dialogue with partner countries to develop country and regional strategies. A Thematic Strategy Paper would define the overall thematic agenda (for example, in human and social development it would include the environment, democracy, human rights, etc.) which the EC wants to pursue and fund under the DCECI, providing the European Parliament now with some indications of where this money will go.

These new instruments will replace the existing regulations that specify how EC budget should be spent (including Regulation 1567/2003 on SRHR). Although there will be no follow-on guarantee on funding for SRHR, given the numerous political commitments Europe has already made to SRHR, and the strong support to SRHR from the current Commission and current/forthcoming Presidencies, it is assumed that the spending of DCECI will be consistent with the EU's international commitments to achieving the MDGs, including its international commitments to Cairo and Beijing. Thus SRHR would be specified clearly as one of the themes within the Thematic Strategy Paper that the DCECI will cover.

The DCECI is an enabling instrument for applying to development issues, and the main instrument for development cooperation in pursuance of the MDGs, and for horizontal and thematic strategies (including global initiatives). However, as the listing of countries in Table 2 implies, low and middle-income countries will also benefit from other instruments – e.g. the European neighbourhood countries can benefit from the European Neighbourhood and Partnership Instrument, and the Instrument on Pre-Accession; countries in crisis and post-crisis can benefit from the flexible Stability Instrument.

The potential of using several instruments for non-European countries indicates the importance of working with several DGs simultaneously when advocating the SRHR agenda – for example, the directorate general for Health and Consumer Affairs (DG SANCO) will probably have a say in the allocation of policy priorities for the European Neighbourhood and Partnership Instrument. DG SANCO does not have a history of working with the Cairo agenda. Encouragingly, in its 2005 Work-plan, it does have a section on 'Integrative Approaches on lifestyles and sexual and reproductive health' as one of its priority areas. The section action emphasises work with young people, and the third action emphasised addressing HIV/AIDS.

### 2.3 Enlargement

Last year, the biggest round of enlargement to the European Union took place. Eight new countries joined the EU on 1<sup>st</sup> May 2004 – the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, and Slovenia. This enlargement is one of the contributors to the changing political landscape of Europe, and brings with it many opportunities and challenges for SRHR due to changes in the balance of social values and national policies. For example, some of the opportunities include the ability to tackle the issues of SRHR on a broader scale, and the opportunity to promote the freedom of women within the European Union to access certain SRHR services. Another positive aspect of enlargement for SRHR is that a united European voice will hold more weight now that there are more countries included in the Union.

Even when not related to SRHR, the obvious challenge from this enlargement is the logistics of how an EU consisting of 25 Member States can function efficiently and effectively. Another

notable implication of this recent enlargement is that the new EU Member States have rapidly changed from being recipients of international development assistance to being donors. This change means that the new EU Member States both have to contribute financially to the overall EC's development budget, and also now have a voice on European development policies (including SRHR). Although their current financial contribution to development cooperation remains low, this is likely to increase in the future. A recent Communication from the Commission to the Council and European Parliament on "Accelerating progress towards attaining the Millennium Development Goals – Financing for Development and Aid Effectiveness" (COM (2005) 133) – part of the 'MDG Package' cited above – proposes that the ten new EU MS reach an individual baseline of 0.17% overseas development assistance as a percentage of their GNI in 2010. This would then allow them to reach the Barcelona commitments of 0.33% in 2015, which the EU made in the context of the Monterrey Conference on financing in 2002.

There is recognition from various players that new EU Member States need to be brought up to speed on the overall context of development cooperation, including the topic of SRHR. One such effort was made in August and September 2004, when the Dutch Presidency sent 10-member delegations from each of the new Member States to visit development projects in Uganda and Vietnam, with a clear emphasis on improving their understanding of development cooperation, and specifically on the SRHR agenda.

A challenge to SRHR within the context of the recent enlargement of the EU is that several of the new Member States have strong links to the Vatican, and have a tradition of involving religious conservative views in their national reproductive health agendas. The low birth rates in most EU countries, and especially in Eastern and Central European Member States, also influence the domestic decisions of many new Member States on several SRHR issues.

It is beyond the scope of this paper to detail each of the new Member State's national (i.e. domestic) SRHR policies. However, based on discussions with observers of the ICPD +10 process, there are some worrying signs for SRHR on the national scenes that may challenge the ICPD consensus across the new EU – for example, in Lithuania, two legislative acts went through the House (one on reproductive health, and one on artificial insemination), but both have been put on hold due to the anti-choice lobbying in the national Parliament. Another example is in Slovakia, where the government is in the process of negotiating a treaty with the Vatican that would give the right to object on the issue of conscience. If approved, the treaty will take precedence over current Slovak law, make the delivery of state services conditional on compliance with Catholic teaching. Consequently, in the area of reproductive healthcare, all forms of contraception and SRHR information may become more restricted. Other more general observations such as the recent membership of Poland as a large and largely Catholic country may begin to introduce a different influence on the discussions within the EU development policy debate in years to come.

Discussions with key EC and MS representatives suggest that the evidence in the past year has shown that the new Member States have **not** exercised any views that counter existing policy within the international EC development scene. So far, they have backed recent support to SRHR in the international European policy-setting agenda – for example, the November 2004 Council Conclusions on SRHR and the MDGs. But it remains unknown whether or not they will carry on differentiating between several of their own conservative national SRHR policies and international SRHR policies. The conservative national views of some of the EU Member States, particularly those who have recently joined the Union and are not traditionally international development donors does open the potential for confusion to the international scene, and thus the progressive transferring over of conservative views to ODA policy. It is thought that, given the geographical location of most of the new Member States, they may particularly exercise their new representation powers strongly in the neighbourhood policies of the EU. In any case, their inclusion in the European Union has brought with it a broader scope for polarisation in the overall debate on social values, including issues of SRHR. The previously strong and fairly united views that Europe publicly held on SRHR may in future begin to be challenged from within.

As well as carefully tracking the consequences of the recent enlargement on the European SRHR agenda, it is important to think about and prepare for the future enlargement of the EU. In 2007, Romania and Bulgaria are set to join the EU. Indications are that the next enlargement will potentially include several key countries such as Turkey and Croatia, which could potentially have repercussions for the SRHR agenda.

## 2.4 New EU Institutions

A new Commission took office in late 2004, and the Belgian Commissioner Louis Michel is the Commissioner for Development and Humanitarian Aid. On several occasions, Commissioner Louis Michel has made clear the need to maintain common language on sexual and reproductive health issues as agreed at ICPD. As such, the legacy of the past Commission (and in particular of 2004) continues. Louis Michel was Belgian Minister for Foreign Affairs when Europe decided to support the extra funding of SRHR during the US global gag rule, so also has his own precedent of support for these matters.

There are also some new areas of priorities emerging for the EC – both Commissioner Michel and the Commission President Barroso have placed an emphasis on Africa as a “flagship” for their period in office. One good example of this is that the EC MDG report (2004) states that the EC shall consider proposing that the EU launches a new initiative on Africa, in partnership with the African Union, and within the framework of the Millennium September 2005 event.

Ireland held the Presidency until mid-2004; the Dutch government’s Presidency term finished on 1<sup>st</sup> January 2005, was replaced by the Luxembourg government until June 2005, and then will be followed by the UK for the rest of 2005. These four Member States have made a commitment to ‘bridge’ their Presidencies and keep HIV/AIDS on the agenda. They have done so until now, although each Presidency has its own take on the subject – e.g. the Dublin Declaration on HIV/AIDS under the Irish Presidency, the focus on SRHR under the Dutch Presidency, the emphasis on Africa and HIV/AIDS treatment under the Luxembourg Presidency.

There are increasing signs of the HIV/AIDS and Africa agendas overshadowing SRHR on the political scene. Even within the issue of HIV/AIDS, the emphasis is on treatment rather than prevention, or on the development of microbicides as the main mode of HIV/AIDS prevention (rather than an emphasis on condoms). Both the upcoming UK Presidency of the EU, and the G8 Summit in Scotland in July 2005, will emphasise HIV/AIDS and Africa. The UK Presidency will be marked by further commitments by the EU to the debt relief agreements being brokered by the G8 countries. The UK Presidency will emphasise Africa, debt relief, trade, environment and HIV/AIDS. The degree to which the issue of broader SRHR will be promoted and issues such as rebalancing the HIV/AIDS strategies back towards prevention remains to be seen. With the recent commitments within Europe for doubling aid there are clearly opportunities for substantive increases to health and HIV/AIDS. The importance of working with national governments to ensure these issues are considered within EC and bilateral Country Assistance Plans will be key to increased resources.

## 2.5 Political trends in Europe, including European Parliament

The past few years has witnessed a natural swing towards more conservative national politics from the previously predominant socialist dominance in European countries, probably exacerbated by the overall global mood following September 11th. In countries such as Denmark, France and the UK, the parties in power have been gradually moving more from the left towards the centre, and the opposition is generally weak. These national movements, combined with increased scepticism about the EU in general and low voter turnout, resulted in having a move towards the right in the European Parliament. The recent “No” votes in France and Holland are very visible signs of this.

The European Parliament for 2004-2009 (sworn in on June 2004) has a centre-right majority of the People's Party (the Christian Democrats). However, the 268 MEPs sitting within that block are very heterogeneous regarding their views. The Socialist block (202 MEPs) is much more unified and has a common set of values. In general, the European Parliament has so far maintained non-conservative social values overall<sup>10</sup>.

MEPs can be lobbied at a national level in order to influence policy-making in Brussels and Strasbourg. The Working Groups and Standing Committees in the European Parliament are also important to work with on SRHR lobbying. There are also networks of parliamentary groups across different European countries (linked by the Inter-European Parliamentary Forum on Population and Development, which sits in Brussels) that lobby parliamentarians on issues of SRHR.

The dynamics of political decision-making in Europe is complex; in general, the European stance is dependent on national political scene at the time, and this is often rapidly changing according national priorities. Even the discussion of a united European stance is difficult, since the 25 Member States have such varied national views on SRHR. One illustration of the growing complexity of the EU Member States is the national status on abortion in each country – abortion is allowed on demand in 1<sup>st</sup> trimester or later in 15 of the Member States (Austria, Belgium, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Netherlands, Slovakia, Sweden). Abortion is allowed for health, economic, and social reasons in both Finland and the UK. It is allowed for health reasons, or in case of rape, incest or foetal impairment: Cyprus, Luxembourg, Poland, Portugal, Spain. And it is allowed only to save woman's life (including from suicide) in Ireland, and completely banned in Malta.

Another recent example of the complexity and diversity of European policies is the recent Commission on the Status of Women meeting (April 2005 in New York), where the US talked about stopping any funding to do with prostitution because of the potential links with trafficking in several places. Sweden supports this because they have a strong stance against prostitution. But in the Netherlands, prostitution is legal. Yet another example of the differences is shown by the comparison of sex education across EU countries, where there is clear evidence of differences between countries thought to be as homogenous as the Nordic countries<sup>11</sup>.

This complexity of national SRHR and political stands within Europe illustrates how fragile the united European SRHR voice can be. Advocates for a more conservative view on social values can make use of these divisions, especially in subtle areas where SRHR advocates are not active. Also, over the past few years, Europe has been the counter-balance to American SRHR policies. Increasingly, various EU Member States may have to compromise their language to decrease the risk of confrontation.

## 2.6 New Constitution

In July 2004, a Constitutional Treaty was adopted by an Intergovernmental Conference. In order to become a European Constitution, the 25 Member States must ratify it. The point of the European Constitution is to instigate more systematic consultation on EU business and legislation by national governments (therefore filling what is now seen as a gap in accountability), and also to simplify decision-making in European institutions. If ratified, the European Constitution would coexist with national constitutions. The recent "No" votes means that the Constitution in its present form is unlikely to survive. The UK suspension of its referendum underlines this. The UK Presidency takes over in July and the Constitution as well as other important European debates will be intense.

---

<sup>10</sup> For example, The EP has already flexed its muscle by rejecting Commissioner Designate Buttiglione in late 2004 because of his previous homophobic comments, sending out two strong messages: that this type of intolerance is not acceptable in the EU, and the EP has a majority of people who think that way to take a stand. However, there was as always political trade-off, and a center-right Slovak MEP Anna Zaborska was selected as the Chair of the Committee on Women's Rights and Gender Equality.

<sup>11</sup> IPPF – personal communication



The European Constitution as it stands would define a common European foreign policy, potentially placing one EU Foreign Minister in charge of all external action. Although there is separation between EU foreign and development policies, there is also argument for coherence of action across development, migration, and security issues. There might be a temptation to draw on development resources to implement aspects of foreign policy if the new Constitution is accepted. The fear if this happens is that EU aid funding will shift towards a regional focus (especially now given the recent enlargement), with more emphasis on middle-income countries and the near abroad rather than on low-income countries. Currently, only 40% of the aid budget goes to ACP countries (i.e. there is a strong bias towards MEDA and TACIS), and this bias might be further accentuated under a new foreign policy.

The European Constitution maintains a secular Europe, rather than one based on fundamental human values. It also recognises human rights (although not specifically SRHR). However, a major challenge to the European SRHR agenda if the Constitution is ratified would be article 52. This Article (a) recognises relations between the Church and Member States is not within the purview of the EU (i.e. the EU has to respect the national decisions of Member States vis-à-vis the Church), (b) recognises that the Church has an important role to play in society, and (c) establishes regular dialogue between the Catholic Church and the Cabinet of Commission President. This latter point has started already de facto. It was included in the Amsterdam Treaty, but as an Annex, which is much less powerful than having it as an Article.

It will be important to track debate on the Constitution and its implications for development cooperation and policies towards the neighbouring countries.

## 2.7 De-concentration

On the 16<sup>th</sup> May 2000, the EC adopted the Communication on the Reform of the Management of External Assistance (COM (2000) 200), which identifies an ambitious programme of measures to make significant improvements in the quality and timely delivery of external aid projects, while ensuring robust financial management and increased impact. The Communication identified four broad areas to make major changes: a radical overhaul of programming of assistance; management of the project cycle; the setting up of DG AIDCO; devolution to delegations.

The EC is represented in 124 countries worldwide, and the delegations have played an increasingly important role in development assistance including programming and managing projects. Initial feedback on the impact of this reform has been positive. There have been noted reductions in the time needed to make payments, to complete tendering and calls for proposal procedures, increased involvement of delegations resulting in better quality programmes, and more delegation staff dedicated to identification and appraisal tasks. Although the full impact of this reform will become clearer in the medium-term, results so far have been encouraging (although there is no evidence of increased commitments to health).

### 3. Conclusions

Europe is in a state of flux, and while the intension is to move towards greater simplification, coherence and unity the reality is complex and at times hard to interpret. These are all steps in the right direction, but the changes do bring consequent challenges with them. This background paper has described the many changes happening in Europe – including the recent enlargement to include 10 new Member States from Eastern and Central Europe, the new Financing Perspectives and proposed new financing instruments, the political shift to the centre-right in European countries and European Parliament, new EC health and development policies, and the diversity of SRHR agendas in EU Member States. This paper has also provided a description of some of the recent changes to European institutions, including a new Commission, the new Presidencies, and the potential of the new European Constitution.

Many of these changes remain as ongoing developments, and it is difficult to either read the barometer of change or see concrete evidence of how they have affected the national and international position of Europe as a whole and individual Member States on SRHR. Overall, the evidence seems to point to continuing support in Europe for SRHR in line with ICPD however it is thought that there might be some threats to the strong support that Europe has traditionally given. The unity of Europe is increasingly fragile due to a number of new developments, providing potential for a weaker and less coherent stand on SRHR.

It is clear that Europe still presents the greatest potential and opportunity for garnering support for SRHR. Whether this opportunity will be used to the full remains to be seen. The added value of the European voice on SRHR is immense, particularly in the past few years during a period of US opposition to certain elements of SRHR. Europe has the history and the capacity to defend SRHR strongly on the international scene, and continues to advocate for the values of ICPD both politically and through its programming. Europe is also one of the few global actors who can play an important role in promoting coherent action across a variety of external sectors, such as development and trade for example on the issue of RH commodities or affordable pharmaceuticals.

#### Some issues looking forward

- (1) The MDGs have ignored SRHR, as the disappointing results that will be shared in the September Millennium Summit clearly illustrate (particularly for Goals 5 and 6, on maternal health and communicable diseases respectively). There needs to be a strong call for action before, during and immediately after the Millennium Summit. This call for action would ideally highlight the need to refocus the agenda on SRHR and preventive public health measures in general. Although some global players (such as the EC and WHO) have started to look again at health systems issues, there is a need to further emphasise the basics of public health and prevention in achieving the MDGs – these include the pillars on which SRHR is built.
- (2) It is important to work on this issue of SRHR sensitively within Europe, both nationally and in Brussels. The key now is not to polarise the debate, but instead to ensure that certain pre-established European values regarding SRHR are maintained. This holds for all advocacy and programming efforts.
- (3) The complexity of Europe has implications for advocating for SRHR – different countries have to be targeted regarding different SRHR issues, and advocacy has to occur both at a national and a European level. For example, just targeting the countries that we know are already SRHR supporters (such as the Dutch, the UK, and most Nordic countries) will mean missing out on some other supporters who may be smaller and not so vocal, but increasingly important (e.g. Spain). Also, naturally assuming that certain countries are anti-SRHR runs the risk of alienating them from supporting various issues internationally. Since the international position

of many Member States on SRHR depends on their national political environment, it is also necessary to think ahead and prepare for changes that may happen. An important aspect of this will be supporting the development of civil society groups in some of the new Member States and Pre-accession countries that can work sensitively within their countries to raise the profile and put forward convincing arguments for supporting SRHR policies both at home and abroad.

- (4) More attention is being given on HIV/AIDS within Europe and its neighbourhood as signified in the Vilnius Declaration. More work can be done with DG SANCO to build on their existing priorities and broaden their agenda to include more comprehensive aspects of SRHR.

## **Annex 1: Description of European Institutions**

### European Presidency

Every six months, the EU Presidency rotates to a different EU Member State. The Presidency speaks on behalf of the EU, and the government holding the Presidency plays a leading role in the development of the Council's agenda. The rotation of the Presidency does not change the Council's policies completely, but rather works as a facilitator for the Council's work – it chairs all meetings for the six-month Presidency term and promotes legislative and political decisions and brokers compromises between the Member States. The Presidency does have the opportunity to place new issues on the agenda of the EU and approximately 10-15% of their work involves new initiatives.

Recent current and future Presidencies are: Ireland (early 2004), Netherlands (late 2004), Luxembourg (early 2005), UK (late 2005), Austria (early 2006), and Finland (late 2006).

### European Commission

The European Commission (EC) does much of the day-to-day work in the European Union by running the practical execution of EU actions and budget. It is the executive arm of the European Union – it initiates the legislative process with proposals to the Council and Parliament, ensures that legislative decisions are implemented, ensures compliance to treaties, and implements the EC budget. The EC is accountable to the European Parliament (EP).

The President of the EC is chosen by the governments of the EU Member States and must be approved by the EP. Since November 2004, the President of the Commission is Jose Manuel Durao Barroso (from Portugal). One independent Commissioner is nominated from each EU Member State in consultation with the incoming EC President, and must also be approved by the European Parliament. The Commission is appointed for a five-year term, but it can be dismissed by Parliament. The EC employs a civil service of 20,000 staff, mainly located in Brussels and Luxembourg.

EC development cooperation currently falls under the mandate of two separate departments: the Directorate General for External Relations (DG RELEX) and the Directorate General for Development (DG DEV). These two departments then feed into the implementing office EuropeAid Cooperation Office (DG AIDCO). This implementation department is responsible for all phases of the project cycle that are needed to achieve the objectives of the programmes established by DG RELEX and DG DEV (for example, DG AIDCO deals with identification and appraisal of projects and programmes, preparation of financing decisions, implementation and monitoring, and evaluation). A separate EC Humanitarian Office (ECHO) deals with emergencies and humanitarian aid.

DG DEV deals with the programming, policy and strategies phase of the project cycle for African, Caribbean and Pacific (ACP) countries. DG DEV is also responsible for setting out policy priorities for various thematic strategies, including population policies and SRHR. DG RELEX deals with the programming, policy, and strategies phases of the project cycle for non-ACP countries (including those in the Mediterranean, Asian, Latin American, and neighbouring regions).

Also of relevance is the Directorate General for Health and Consumer Affairs (DG SANCO) covers health policies and programs for Europe. This directorate general will probably have a significant influence in defining the HIV/AIDS policy for neighbouring countries, as well as in Europe itself.

The Delegations are the Commissions' representation in partner countries. Formally, all Delegations are responsible to DG RELEX, but in practice the delegations work closely with DG AIDCO.

## European Parliament

The European Parliament (EP) is the democratic forum for debate – it plays a watchdog role for the EU institutions, and also has a part in the legislative process. There are currently 732 Members of the European Parliament (MEPs), are elected by universal suffrage, and sit for five years. MEPs sit in political groups (not in national blocks) that best reflect the political ideology of the national party to which each member belongs. As with national parliaments, the EP has parliamentary standing committees and working groups to deal with particular issues – for example, there is a Standing Committee on Women’s Rights and Gender Equality, and a Working Group on Politics and Religion.

The EP’s Working Group on Population, Sustainable Development and Reproductive Health was established in 1991, and provides a forum for on-going dialogue for these issues. It is open to all MEPs with an interest in reproductive health. Marie Stopes International currently provides the Secretariat. It is a member of the Inter-European Parliamentary Forum on Population and Development, and an associate member of EuroNGOs. European citizens can submit petitions directly to the EP via one of these committees.

## The Council of the European Union

The European Parliament and the Council of the European Union share the legislative power within the European Union. The Council of the European Union (for short, often just called ‘the Council’, or the ‘Council of Ministers’) lays down broad policy guidelines of the EU and is the main decision-making institution. Every Council meeting is attended by one minister from each of the Member States (which minister attends a meeting depends on which topic is on the agenda – for example, there is the General Affairs and External Relations Council). The preparatory work for Council meetings is done by the Permanent Representatives Committee, made up of Member States’ ambassadors to the EU, assisted by officials from the national ministries. Council Working Groups (for example, the Development Working Group) prepare the meetings of Ministers by agreeing on texts to be adopted or decisions to be taken.

The European Council brings together the heads of state of the EU Member States and the President of the EC at least twice a year, in meetings commonly referred to as Summits. They define the strategic direction and general political guidelines of the EU. The European Council does not take formal legislative decisions, but expresses itself in the form of Presidency conclusions at the end of the meeting, agreed upon by consensus.

It is important to differentiate the Council from the Council of Europe. The latter is actually not an EU body, but an intergovernmental organisation with 45 member countries based in Strasbourg since 1949. The Council of Europe drafts pan-European Conventions in the areas of human rights, culture, and education.

## Annex 2: European aid budget

The recent announcement that the EU plans to double aid for the world's poor has been widely publicised. Through a series of parallel pledges by the 25 Member States EU collective aid will rise from \$40bn (£22bn) this year to \$80bn in 2010. This equates to an average of 0.56% of national income by 2010.

Development cooperation is a crucial activity of the EU in the context of its broader external relations agenda. Collectively, the European Union (in other words, the European Member States plus the European Commission) is the biggest donor in the world, providing more than 50% of Overseas Development Assistance (ODA). The effectiveness of this aid has come into question, and there is consensus that the significant growth of the EC's development budget in the 1990s was not matched by corresponding changes in human resources, structures, or management tools. To remedy the situation, the EC launched a programme of reforming its external assistance in May 2000. As part of these reform efforts, the EC formally set up DG AIDCO on January 1<sup>st</sup> 2001. Other reforms have also been carried out and improvements are visible (for example with the untying of Community aid, with the redeployment of staff from Brussels to the Delegations etc).

Problems still remain – for example, the separation of policy-making from implementation is still criticised. There has been some criticism levelled at the EC because its spending in countries is currently much more politically focussed than need-based – for example, the EC spends nearly \$100 in aid for every poor person living in the Mediterranean, and less than \$1 for every poor person in Asia. The situation has been improving however: in 2001, only 38% of EC aid was directed to low-income developing countries. In 2002, the EC spent 51% of its aid in low-income countries; in 2003, this figure was 56%.

The budget of the European Commission consists of obligatory contributions from EU Member States. Category 4 of this EC budget is defined for External Actions. The amount of funds allocated to every aspect of the EC budget (including to External Actions) is decided at seven-year intervals in framework budget reviews called the Financial Perspectives. The Financial Perspectives establish the structure and budget ceilings (maximum allocations) for the major categories of EC expenditure. After the Financial Perspectives are set, the level of funds allocated to the External Actions Chapter is closed – for example, to fund an unpredicted crisis (like Afghanistan), money must be taken from another part of the External Action allocations. The EC development budget is allocated both by geographic sector and by thematic sector. Geographically, the EC has instruments to cooperate with specific countries in regions – including ALA (Asia and Latin America), MEDA (Mediterranean), Phare (for pre-accession countries), and Tacis (grant assistance for Eastern Europe and Central Asia).

In addition to the EC budget, there is the European Development Fund (EDF). The EDF covers cooperation with African, Caribbean and Pacific (ACP) countries under the Cotonou Agreement (the Partnership Agreement between 15 EU MS and 77 ACP countries, signed on 23<sup>rd</sup> June 2000). The EDF is funded directly from voluntary EU MS contributions, and they are not scrutinised by the European Parliament because they fall outside of the regular EC Budget. The Cotonou Agreement replaced the Lome Convention, which governed relations between the EU and the ACP countries for the previous 25 years.

The EC is currently running on the 9<sup>th</sup> EDF, which allocated €13.5 billion to ACP countries for 2003-2007. Out of this, 30% of the money is allocated to general budget support, 30% is allocated to transport, and 40% is allocated to various sectors. Of the latter, 4% of the total EDF budget goes to health. Another statistic is that only 15 out of 74 ACP countries chooses health as a focal sector. There are several reasons for this relatively low investment in health – the Delegations are not specialists in health, the country strategy papers don't emphasise health, and the added value of the EC in health is not clear for many countries. However, out of the intra-ACP budget that is allocated for regional programming, 20% goes to health programming (for example to support the Global Fund to Fight HIV/AIDS, Malaria and TB, WHO, and polio eradication).

5-23 Old Street  
London  
EC1V 9HL  
United Kingdom

**T** +44 (0)20 7253 5064  
**F** +44 (0)20 7251 4404  
**E** [enquiries@hlsp.org](mailto:enquiries@hlsp.org)

[www.hlsp.org](http://www.hlsp.org)