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**Access to emergency contraception
through community pharmacies in Europe:
Findings from a participatory survey**
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January 2021
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ECEC
european
consortium
for emergency
contraception



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Access to emergency contraception through community pharmacies in Europe: Findings from a participatory survey

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Published by the European Consortium for Emergency Contraception (ECEC), in cooperation with the European Youth Network on Sexual and Reproductive Rights (YouAct).

Correspondence to: ecec@eeirh.org
Published online in January 2021
www.ec-ec.org

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Design and layout: www.teresacanal.com

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The ECEC is hosted by the East European Institute for Reproductive Health (EEIRH)

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About us

YouAct, the entirely youth-led **European Network on Sexual and Reproductive Rights**, was established in 2004 and works actively towards the realization of the sexual and reproductive rights of young people through advocacy, training and awareness-raising. This network unites individuals from the Council of Europe Member states, who work on a voluntary basis.
www.youact.org

Established in 2012, the **European Consortium for Emergency Contraception** (ECEC) is a network of Europe-based individuals working in the field of emergency contraception research, service provision, and advocacy within a broader sexual and reproductive health and rights approach. ECEC mission is to expand knowledge about and access to emergency contraception in European countries and to promote the standardization of EC service delivery in the European region.
www.ec-ec.org

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Introduction

From July through October 2019, the **European Consortium for Emergency Contraception (ECEC)** and the **European Youth Network on Sexual and Reproductive Rights (YouAct)**, in cooperation with local organizations and individuals, conducted a participatory survey with the aim of increasing knowledge about access to and availability of emergency contraception pills in European community pharmacies. Data from 21 countries was gathered. This document presents the main findings from the countries in which more data was collected: Andorra, Bosnia and Herzegovina, Malta, Spain and Sweden.

Background

“Emergency contraception” (also known as post-coital contraception) refers to contraceptive methods that can be used to prevent pregnancy after sex. These methods include emergency contraceptive pills (also known as “the morning after pill”), as well as insertion of a copper-bearing intrauterine device (Cu-IUD). Emergency contraception (EC) offers women an important second chance to prevent pregnancy when a regular contraceptive method fails, was used incorrectly, was not used at all, or when sex was forced. Currently, two oral EC methods are the most commonly forms of EC used in Europe: one contains 1,5 mg of levonorgestrel (LNG), and the other 30 mg of ulipristal acetate (UPA). At this point, these two forms of emergency contraception pills (ECPs) are the most widely available in European countries.

LNG ECPs have been available directly for purchase from pharmacies without prescription in most European countries for more than 10-20 years (varying on the country). UPA ECPs have been on the European market since 2009, and since November 2015 are also sold directly in pharmacies without prescription in most European countries¹. Non-prescription availability of UPA ECPs changed the paradigm for EC access: individuals now have different oral post-coital contraceptive options available to them, and if provided with the right information, they can choose.

However, little is known about the different models of EC counselling and dispensing in European pharmacies within the current framework, in which a) different oral EC methods are directly available in pharmacies; b) advice about the choice of EC methods is no longer necessarily provided by health personnel; and c) no European standards for EC pharmacy dispensing are available.

Data gathered by ECEC since 2012² suggests that models of EC counselling and dispensing in pharmacies vary widely within Europe:

- In a few countries, such as Sweden, the Netherlands or Norway, ECPs are over-the-counter (OTC) products, and stocked on the pharmacy shelves or counters, and in non-pharmacy outlets too. No consultation with the shop staff is needed.

- In the majority of countries, ECPs are registered as pharmacy medicine: a product available behind-the-counter at the pharmacy without a prescription, but whose sale has to be supervised by a pharmacist.³

This second scenario may lead to and opens room for variation in the way ECPs are accessed and dispensed by pharmacies: in some countries, a consultation with the pharmacist is mandatory and pharmacies charge for it, as is the case in Switzerland and the United Kingdom. In many other countries, consultation is optional and has no cost. In some others, pharmaceutical societies or other competent organizations have issued protocols to guide these consultations. However, these guides are not available to the general public in all countries, and thus, little is known about the actual content of EC consultations in different European countries.

Theoretically, a consultation for EC should include basic information about eligibility and about how to use EC, and advice about subsequent contraceptive use.⁴ Given the changes in supply of EC methods, further research on the amount and type of information women want to be given – if any at all – at the time of the EC consultation is needed.

Within this diverse scenario, a number of factors playing out in community pharmacies will affect the ability of each individual to make informed decisions about post-coital contraception. Some of these factors are the availability of different types of EC pills; EC products placement within the pharmacy; type of counselling provided; price; and age and gender restrictions on the purchase of ECPs. These elements (among others) will determine individuals' ability to receive information, access, choose and effectively use post-coital contraception from community pharmacies.

Understanding how these elements combine in community pharmacies of different European countries can help identify strengths and gaps, and inform regional strategies to enhance evidence-based and high-quality models of EC pharmacy provision.

Methodology

Inspired by a similar initiative conducted by the American Society for Emergency Contraception (ASEC) in the United States, YouAct and ECEC, in collaboration with local partners, joined efforts to design and conduct a participatory survey in order to better understand the availability and accessibility of EC in European community pharmacies.

An online questionnaire was designed and developed (in English) with technical and methodological support from a research group of University of Ottawa's Faculty of Health Sciences (Canada). The questionnaire was then translated into Albanian, Bosnian, Croatian, French, and Spanish.

From July 24th until October 31st 2019, we distributed the multi-lingual online questionnaire through a number of channels, including: ECEC's email list and website; YouAct network; and

local, regional and global organizations and individuals working in the field of reproductive health and rights in Europe.

Through the questionnaire, participant observers were asked to visit local pharmacies and document ECPs product names, price, storage and on-the-shelf availability, age or sex restrictions on purchase, as well as type of consultation, advice or counselling provided prior to purchase. We also asked participants to provide a qualitative assessment of any interactions with pharmacy personnel. Though similar, this was not a mystery shopper study, as participants only asked for information, but did not attempt to buy ECPs.

We collected data from 175 visits to pharmacies in 21 countries. This report presents results and the main findings from countries in which data from at least 7 pharmacies was collected. These are: Andorra, Bosnia and Herzegovina, Malta, Spain and Sweden.

Results: **ANDORRA**



Population	77.146 ⁵
Number of community pharmacies in the country	57 (2015) ⁶
Can ECPs be sold without prescription?	Yes (since 2018) ⁷
Are there age restrictions to buy ECPs from pharmacies?	Yes. Women under 16 need a prescription or parental consent ⁸
Are guides or protocols for ECPs dispensing in community pharmacies, available?	No ⁹
Average cost of LNG ECPs	€12 ¹⁰ (from €4,3 to €19)
Average cost of UPA ECPs	€26 ¹¹

Data from visits to 14 pharmacies was gathered, covering four cities: Andorra la Vella, Encamp / Pas de la Casa, Escaldes-Engordany and La Massana. Most pharmacies surveyed (71%) were independent; 14% were affiliated with chains.

- All the pharmacies visited had at least one type of ECP in stock and available at that moment.
- Three (21%) of the pharmacists consulted said that EC could only be obtained after a mandatory consultation with a pharmacist. On the other hand, six (43%) considered the consultation to be optional.
- All pharmacies keep ECPs behind the counter, and an interaction with the pharmacist is required before purchasing EC.
- Only one (7%) of the pharmacies visited, offered the choice of oral EC methods that are available in the country: LNG and UPA ECPs. The majority (79%) only offered LNG.
- When asked if the client needs to show proof of age in order to buy ECPs, three (21%) said they don't; six (43%) said they do.
- When asked if ECPs can be sold to men: six (43%) of the pharmacies consulted responded they could; two (14%) responded they could not sell EC to men. The remaining had diverse opinions: "would sell it to a man, if he came with a prescription"; "would ask for an explanation"; "would maybe make an exception and sell EC to a man".
- None of the pharmacies had a sign outside to indicate that ECPs were sold in that particular location.

Results: BOSNIA AND HERZEGOVINA



Population	3.301.000 ¹²
Number of community pharmacies in the country	350 (2014) ¹³
Can ECPs be sold without prescription?	LNG ECPs are registered as a prescription medicine; however, anecdotal data suggests they can often be purchased without prescription. ¹⁴ UPA ECPs are registered as non-prescription medicines. ¹⁵
Are there age restrictions to buy ECPs from pharmacies?	Information not available.
Are guides or protocols for ECPs dispensing in community pharmacies, available?	No
Average cost of LNG ECPs	€19 (from €14,5 to €22,5) ¹⁶
Average cost of UPA ECPs	€23 (from €17 to €29) ¹⁷

Data from visits to eight pharmacies was gathered: one pharmacy was located in Ilidža and the rest in Sarajevo; all of them belong to Kanton Sarajevo, Federation of Bosnia Herzegovina. No data was collected from Republika Srpska. Most pharmacies surveyed (75%) were affiliated to chains and all were located in urban or suburban areas.

- Five pharmacies surveyed had at least one type of ECP in stock and available at the moment of the survey. One did not carry ECP. No information is available for the remaining two.
- All pharmacies that had EC pills on stock, kept them behind the counter and an interaction with the pharmacist was required in order to buy them.
- Only four pharmacies informed us of the EC products they supply, and all four of them offered only UPA ECPs.
- Opinions about the need to have a consultation with the pharmacist before an individual can buy ECPs were diverse: one pharmacist responded it is mandatory to hold the consultation; two responded it is optional; one stated that EC can only be sold with a prescription. No data is available for the remaining.
- When asked if clients need to show proof of age in order to buy ECPs, one responded they don't; two responded they do. Two responded it is not necessary as long as the patient has a prescription or her health card. No data is available for the remaining three pharmacies.

- When asked if EC pills can be sold to men: one of the pharmacies consulted responded men could not buy EC; two responded they could sell EC to men. One stated that it depends on the case, and another responded that EC could only be purchased if the patient comes with a prescription from a gynecologist. No data is available for the remaining three.
- None of the pharmacies had a sign outside indicating that ECPs were sold in that particular location.

Results: MALTA



Population	440.000 ¹⁸
Number of community pharmacies in the country	Over 200 (2020) ¹⁹
Can ECPs be sold without prescription?	Yes (since 2016)
Are there age restrictions to buy ECPs from pharmacies?	No ²⁰
Are guides or protocols for ECPs dispensing in community pharmacies, available?	Only for UPA ECPs ²¹
If available, are they up to date?	Yes (2016)
Are they available to the general public or only to pharmacists?	They can be found online, on Malta Medicines Authority's website.
Average cost of LNG ECPs	€20,2 (from €17,9 to €25) ²²
Average cost of UPA ECPs	€37,9 ²³

Data from visits to seven pharmacies was gathered, covering seven towns: San Gwann, Mosta, Floriana, Cospicua, Sliema, Birkirkara and Swieqi²⁴. Five of these pharmacies (71%) are located in urban areas; one in a suburban area and the other in a touristic zone. Five pharmacies were independent and two were affiliated to chains.

- All pharmacies visited except one (86%), had at least one type of ECP in stock and available at the moment of the survey.
- Five pharmacies (71%) kept EC pills products behind the counter, and an interaction with the pharmacist was required. However, two actually had one type and brand of ECP placed on counter display units. In Malta, LNG ECPs are classified as an over-the-counter product (OTC)²⁵. This means that LNG ECPs can be picked up from the shelf by a prospective user, and is up to each pharmacy owner to decide where to place the product within the pharmacy. (See picture 1)
- Pharmacies visited did not seem to always offer the choice of oral EC methods that are available in the country: LNG and UPA. Of the 7 pharmacies visited, three offered only LNG ECPs.
- The staff from three of the pharmacies visited, responded that EC can only be obtained after a consultation.



Picture 1

- When asked if clients need to show proof of age in order to buy ECPs, two pharmacists said they do, and one said they do “depending on whether she looks young”. Other pharmacists did not respond.
- When asked if ECPs can be sold to men, there were mixed results: one pharmacist responded yes, and two stated no. However, many did not answer this question.
- None of the pharmacies had a sign outside indicating that ECPs were sold in that particular location.

Results: SPAIN



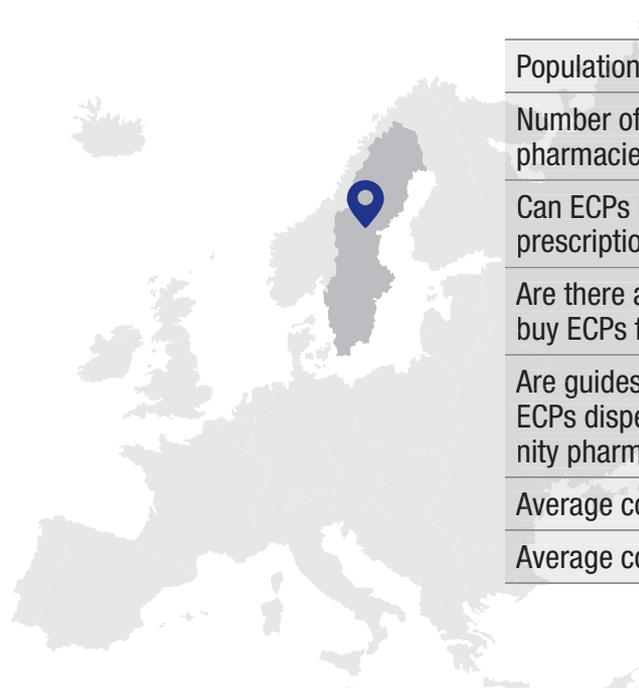
Population	46.736.782 ²⁶
Number of community pharmacies in the country	22.071 (2018) ²⁷
Can ECPs be sold without prescription?	Yes. LNG since 2009; UPA since 2015
Are there age restrictions to buy ECPs from pharmacies?	Yes. Girls 13 and younger need parental consent. Young women between 14 and 16 can buy ECPs if the pharmacist assesses that they are mature enough to understand the information they are provided. ²⁸
Are guides or protocols for ECPs dispensing in community pharmacies, available?	There is no official national guide on ECPs dispensing in community pharmacies. In 2016, a guide was published by a community pharmacy society, for its members' use. ²⁹
Average cost of LNG ECPs	€22 (from €16 to €28) ³⁰
Average cost of UPA ECPs	€28,5 (from €24,9 to €30) ³¹

Data is based on visits to 78 pharmacies covering five Autonomous Communities: Castilla-La Mancha, Catalonia, Comunidad de Madrid, Comunidad Valenciana, and Galicia; and 11 sites: A Coruña, Albacete, Badalona, Barcelona, El Prat (Airport), Madrid, Manresa, Mataró, Sant Feliu de Guixols, Tordera and Valencia. The majority of these pharmacies (83%) are located in urban areas; 12% are in suburban areas and 4% in rural ones. The majority of pharmacies surveyed (85%) were independent (not affiliated to any chain).

- ECPs are kept behind the counter in practically all pharmacies surveyed (94%).
- Most pharmacies had at least one type of ECP in stock and available at the moment of the visit (82%), but 8% did not. No data is available for the remaining 10%.
- Only in 35% of the pharmacies visited, a choice of the oral EC methods available in the country (LNG and UPA) was offered. In 55% of the pharmacies visited LNG was available; UPA was available in 36% of them.
- 58% of the pharmacists surveyed responded that a consultation prior to purchasing ECPs is optional; 27% stated it is mandatory. No information is available for 13% of the cases. The remaining 2% either do not sell EC or reported selling ECPs following a Pharmacy Council protocol when the women requesting EC is under 16. Since 2015, pharmacists in Spain are entitled not to supply ECPs in their shops, on the grounds of conscientious objection.³²

- 60% of the pharmacists responded that showing proof of age is not required in order to buy EC, but 23% responded it is. No data is available for 14% of the cases, and 3% reported asking for age identification (or for a prescription, in one case) when the patient “looks or seems to be very young”.
- When consulted about men buying ECPs, 67% responded that men can buy ECPs, and 13% said they cannot. About 9% provided other explanations: “would sell to a man only if he comes with the woman who will actually use the pill”; “depending on the case”; “if he brings a signed authorization and the ID of the women”; “never had such a situation and not sure what I would do”.
- None of the pharmacies had a sign outside indicating that ECPs were sold in that particular location.

Results: SWEDEN



Population	10.036.000 ³³
Number of community pharmacies in the country	Over 1.400 (2020) ³⁴
Can ECPs be sold without prescription?	Yes
Are there age restrictions to buy ECPs from pharmacies?	No ³⁵
Are guides or protocols for ECPs dispensing in community pharmacies, available?	Not specifically for pharmacies. ³⁶
Average cost of LNG ECPs	€ 14,5 (from €12,60 to €16,51) ³⁷
Average cost of UPA ECPs	€ 27,84 ³⁸

Data from visits to 11 pharmacies was gathered, covering four towns: Gothenburg, Malmö, Norrköping and Sala. Most of these pharmacies (64%) are located in urban areas; 18% in suburban areas; and 18% in rural ones. All pharmacies surveyed were affiliated to chains.

- Only one of the pharmacies surveyed kept ECPs behind the counter. Three (27%) had one type of ECP placed and available on the shelf (over-the-counter); two (18%) had two types of ECPs on the shelf; one had more than two brands of ECPs on the shelf. No data is available for the remaining 36%. (See pictures 2 and 3)
- Most pharmacies (64%) had at least one type of ECP in stock and available at the moment of the survey. No data is available for the remaining.
- In three (27%) of the pharmacies, a choice of oral ECPs (LNG and UPA) was available. In six (55%) of the pharmacies consulted LNG was available, whereas UPA was available in three (27%) of them. No data was properly collected for 45% of the pharmacies.
- All pharmacists that responded to the question “is a consultation with the pharmacist optional or compulsory?” responded the consultation is optional.
- Equally, all pharmacists that responded about the need to show proof of age in order to buy ECPs, consistently responded that it is not necessary.
- All pharmacists that responded about the possibility of a man buying EC consistently responded that men can purchase EC.
- None of the pharmacies had a sign outside indicating that ECPs were sold in that particular location.

Access to emergency contraception through community pharmacies in Europe: Findings from a participatory survey



Picture 2



Picture 3

Findings in brief

Our survey has limitations; our sample is small, different in each country, and not representative of all pharmacies. However, we believe it provides some insight and useful information about the current state of EC access in pharmacies in these countries.

In **Andorra**, pharmacies play an important role in securing ECPs availability. All pharmacies from our small sample carry ECPs, and always keep them behind the counter. However, the pharmacy staff consulted have an inconsistent knowledge of the exact terms of EC dispensing: no clarity on whether the EC consultation is optional or mandatory; if showing proof of age is required; or if men can buy ECPs. Most pharmacies do not offer a choice of the ECPs available in the country (UPA and LNG), so women will be offered a different type of ECP depending on what pharmacy she goes to.

In **Bosnia and Herzegovina**, a minority of pharmacies from our small sample did not carry EC. All pharmacies that carry ECPs keep them behind the counter. The pharmacy personnel consulted have a mixed knowledge of the terms in which ECP should be dispensed, with different opinions about the obligatory nature of the consultation, the need to present a prescription or proof of age. Most pharmacies do not offer all ECPs available in the country (UPA and LNG), with UPA being more widely offered than LNG. Women will not be provided a choice of ECPs in the pharmacies of our sample.

In **Malta**, the big majority, but not all pharmacies from our small sample carry ECPs. The majority of pharmacies that carry ECPs keep them behind the counter. In a number of pharmacies, however, LNG ECPs are placed on the counter, in display units. We collected very limited data on pharmacy staff's opinion surrounding the provision of EC, but identified mixed opinions about the need to show proof of age, and the possibility of selling EC to men. A consultation for EC is mostly considered to be mandatory. Again, our data is limited, but some of the pharmacies visited do not offer all ECPs available in the country (UPA and LNG), with LNG being more widely offered.

In **Spain**, the country where our sample was relatively larger, the big majority but not all pharmacies from our sample carry ECPs, and they all keep ECPs behind the counter. The pharmacy personnel consulted do not have a consistent opinion about the terms in which ECP should be dispensed; a quarter of our sample considers the EC consultation and showing proof of age to be mandatory, while more than half considers both optional. A small minority would not sell EC to men, but the majority would. A third of the pharmacies visited offered both LNG and UPA ECPs; about half only offered LNG and more than a third offered UPA.

In **Sweden**, most pharmacies from our small sample carry ECPs, and the big majority stores them on the shelf or over-the-counter. The pharmacy personnel consulted had more consistent opinions about EC provision, and stated that a consultation for EC is optional, showing proof of age is not required, and men can purchase ECPs. A third of the pharmacies visited offered both LNG and UPA ECPs; about half only offered LNG and more than a third offered UPA.

As mentioned, our sample is not statistically representative and diverse. However, overall, we observed that pharmacies play an important role in securing availability of ECPs in all five countries. A small minority of pharmacies still do not supply ECPs in Bosnia and Herzegovina, Malta and Spain. Malta and Sweden are the only two countries where ECPs can be found on the pharmacy's counter or shelf, and can be directly selected without having to go through a consultation with a pharmacist. This modality of product placement seems to be the standard in Sweden, where in about 26% of our sample, a choice of ECP (UPA and LNG) was directly placed on the shelf. In Malta (where ECPs are only marketed since December 2016) this modality is newer and is being tested with LNG ECPs in a few pharmacies.

Staff in the sampled pharmacies in all countries but Sweden, did not have a consistent understanding of what the EC consultation entails. In Andorra, Bosnia and Herzegovina, Malta and Spain, pharmacists consulted have a more anecdotal and inconsistent knowledge of the exact terms of a consultation for ECPs (almost half of the sample in Malta, 21% in Andorra, and 27% in Spain considered that the consultation is mandatory). In Sweden pharmacists are more consistently aware that the consultation is optional, that men can buy ECPs, and that proof of age is not required.

Restrictions to EC for young women are tighter in Andorra (those under 16 need a prescription or parental consent) and this is reflected in pharmacists being more prone (43%) to request an identification document (ID) than in its neighbouring country, Spain, where only 23% claim to request identification routinely. Vague and inconsistent responses about whether ID is required were given in a few cases in Andorra, Malta and Spain: ID is asked "if she looks very young" or "if she is underage" (which is difficult to know with certainty before looking at the ID).

The data gathered suggests that individuals are not systematically offered a choice of ECPs in every pharmacy of our sample. Although the use of different ECPs (UPA or LNG) is recommended in different circumstances and implies different costs for the user, this choice is not always readily available: pharmacies consulted in Bosnia and Herzegovina only carry UPA; only 7% of the sample in Andorra offered both UPA and LNG; 35% in Spain; and 27% in Sweden.

In none of the countries, pharmacies indicate with signage outside the shop that ECPs are supplied in that particular location. This practice would be relevant, and an important time-saver in countries where pharmacists are allowed to opt-out from supplying EC.

Conclusions and recommendations

A number of market and regulatory changes that took place in Europe in the past 11 years, made access to emergency contraception pills (ECPs) more equal in the region: The supply of post-coital contraceptive methods was expanded since UPA ECPs entered the European Union market in 2009, and the mandatory prescription for all types of ECPs (LNG and UPA) was lifted in most countries in 2016.

However, our findings from the survey suggest that important differences persist and that access to the highest standard of care in post-coital contraception remains uneven within and among countries: individuals are likely to have different experiences and outcomes when procuring a post-coital contraceptive method, depending not only on what European country she/he is in, but on what pharmacy she/he walks in.

We identified persistent differences around the understanding of the EC consultation, age and gender restrictions; costs; and range of EC methods offered. Our survey shows that in four of the five countries analysed, pharmacy staff does not have a common nor clear understanding of what the EC consultation entails; in three countries, a minority of pharmacists still refuse to carry EC; and in all five countries the different oral EC methods directly available are not systematically offered.

A number of measures could be taken in order to improve access to the highest standard of post-coital contraception care and reduce inequities in EC access in Europe:

- **Reclassify ECPs** so that they can be sold in pharmacies but also in other outlets, without the supervision of a pharmacist. In most European countries ECPs are currently classified as a pharmacy (P) medicine. By switching ECPs to the category of “general sale list (GSL)” medicine, individuals could make their own post-coital contraceptive choices by default, and consult or request advice from pharmacy staff only when they consider it necessary. This would create a more secure environment for pharmacists, in which they would only be required to advise patients upon request, and could not be held responsible of supervising the sale of ECPs.
- While ECPs remain pharmacy products in many European countries, regional **standards for EC dispensing should be developed**. Even if pharmaceutical systems across Europe differ, a minimum regional standard would contribute to harmonize ECPs dispensing services and to reduce inequalities in access, within and among countries. It would also better equip pharmacists to carry out the counselling role they currently play.
- **Regional and national pharmaceutical authorities can play a critical role** in setting standards and guidance of what EC dispensing should entail. Scientific and pharmaceutical societies should issue (and regularly update) regional evidence-based guidance, so that community pharmacists across Europe gain a more consistent understanding of when EC advice or consultation is needed; what this consultation should include (and exclude); and how to conduct it ensuring individuals rights to confidentiality, privacy and informed decision-making.

- Such guidance and standards should **be made publicly available and disseminated**, so that individuals can learn ahead of need what to expect when procuring ECPs in a pharmacy. Knowing what to expect would empower individuals and better equip them to demand an interaction with the pharmacy staff that is geared towards helping him/her make a choice on post-coital contraception, rather than being told what to buy.
- Non-commercial driven **information and educational campaigns** targeting individuals, young and adults, should be conducted, to ensure the ability of all people to access accurate information about the post-coital contraception options they have, before they need them. In addition, the use of education tools for EC counselling to assist clients in making informed choices, should be promoted. ECEC developed the *EC wheel*: a counselling aide that serves this purpose. Visit <https://www.ec-ec.org/ecmethod/> for English and <https://www.ec-ec.org/ecmethod-fr/> for French.

Grounding sexual and reproductive health policies and programs in a human rights framework improves people's access to information and services and calls for the elimination of existing barriers³⁹. The World Health Organization proposes to apply human rights standards to the provision of EC (and contraception in general) information and services. Looking at contraception access through these lenses, shows us what the higher standard should be and provides a basis to measure and assess the quality of services.

Contraception information and provision services based on human rights are services that, (among others) do not discriminate; are available in sufficient quantity; are physically and economically accessible to all; are acceptable; are of the best quality possible; facilitate informed decision-making (giving the opportunity to individuals to make autonomous reproductive choices, based on non-directive comprehensive information, counselling and support); and guarantee the privacy and confidentiality of individuals. All efforts to make EC more accessible should be grounded in human rights standards.

ECEC monitors access to EC in Europe on an ongoing basis. We encourage colleagues and consumers to look for EC in stores and pharmacies and share your findings with us at ecec@eeirh.org.

Acknowledgments

YouAct and ECEC would like to thank the following individuals and organizations, for contributing (in one way or another) to this project. A special thanks to those who gathered the energy to walk into one pharmacy after another, and ask all these questions about ECPs (not an easy task!); and to all the pharmacists and pharmacy clerks that kindly and patiently responded to our questions.

Andorra

- Acció Feminista
- Associació de Dones d'Andorra
- STOP VIOLENCIES
- Eric Sylvestre

Bosnia and Herzegovina

- Partners for Public Health (PPH)
- Sejdefa Basic Catic

Malta

- Women's Rights Foundation
- Doctors for Choice Malta

Spain

- Centre Jove d'Anticoncepció i Sexualitat (CJAS), Barcelona
- Federación de Planificación Familiar Estatal (FPFE)
- Jordi Barjola
- Raquel Hurtado
- Eva López Peña
- Mar Ruiz Beleña
- Isabel Serrano

Sweden

- Frida Gunnarsson
- Niklas Envall

Regional

- Central and Eastern European Network for Sexual and Reproductive Health and Rights (ASTRA Network)
- Inspire (former EuroNGOs)
- IPPF Europe Network
- Europe and Central Asia Youth Alliance Listserv
- The European Society of Contraception and Reproductive Health

Global

- Youth SRHR Google Group

This report was written by Cristina Puig Borràs (ECEC Coordinator). Kelly Cleland, ASEC; Kristina Gemzell-Danielsson, Karolinska Institute; Clare Murphy, British Pregnancy Advisory Service; and Adriana Pereira kindly reviewed and provided feedback to earlier drafts. In addition, for their contributions in different steps of this project, ECEC thanks Kelly Cleland; Lejla Bosak; Jordi Baroja; Florida Doci; Miklós Krassovics; and Simon Delicata.

ECEC also thanks HRA Pharma for providing an unrestricted grant, which allows us to conduct research projects like this one, and to sustain the European EC status and availability database.

The findings and conclusions contained within this report are those of the European Consortium for Emergency Contraception and do not necessarily reflect positions or policies of organizations or individuals that collaborated in this project.

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The mission of the European Consortium for Emergency Contraception is to expand knowledge about and access to emergency contraception in Europe.

ECEC monitors access to EC in Europe on an ongoing basis. We encourage colleagues and consumers to look for EC in stores and pharmacies and share your findings with us at ecec@eeirh.org

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