

Limited Access: Europe's Contraception Deficit

A White Paper

The present White Paper was developed following a survey spanning 46 European countries entitled "Contraception Atlas" covering three areas: reimbursement of contraceptive supplies, access to family planning counselling and access to online information on modern contraception methods. Based on the conclusions of this research, the group of experts supported by EPF established this White Paper, which represents a call to action and provides recommendations on how to improve access to contraception in Europe. I trust that by adopting these recommendations – including best practice from across Europe – countries will begin a process that will ensure women have the necessary tools and support to access the services and contraceptives most suited to them, to ultimately achieve reproductive autonomy.

Sincerely,



Neil Datta

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1

Introduction

Access to a full range of contraceptive options is a basic right. Contraception empowers all people to proactively plan if and how many children they want at the time of their choosing and thus should be a priority for policy-makers and governments. However, recent research¹ points to the fact that policy-making has not kept up to speed with societal evolutions which influence how people, specifically women, make their child-bearing decisions. In particular, policies influencing choice and access to contraception have failed to keep pace with the arrival of the digital age - how people access and consume vital information - or with scientific advances in the development of newer, and more effective forms of contraception, resulting in certain groups of people not having easy access to the type of contraception most suited to their needs. Unfortunately, ensuring that people have choice over their reproductive lives through access to modern, effective contraception of their choice is not a priority in many European countries².

Even in the 21st century, access to modern, effective and affordable contraception remains a European challenge. Although 69.2% of European women of child-bearing age (between 15 and 49) who are married or living with a partner use a form of contraception, this is in fact a lower rate than similar populations in both North America and the Latin America/Caribbean region. This contributes to a high rate of unintended pregnancies (UIP) with over 43% pregnancies in the European region considered as unplanned³.

This paper contains the latest information taken from The Contraception Atlas⁴ and other relevant research to analyse access to contraception in Europe. The paper also makes recommendations on what countries in Europe need to do to ensure women have the necessary tools and support. Two main areas which merit greater attention from policy-makers are reimbursement schemes within respective national health services or insurance systems and the responsibility of public bodies to accurately and authoritatively inform their citizens about their rights and entitlements as well as their health.

1A

Updating reimbursement schemes in national health insurance plans

Despite the fact that nearly every person will make decisions about how, when and if to start a family and have children, only three countries in Europe: France, Belgium and the UK, offer excellent general reimbursement schemes for contraception⁵. Most unintended pregnancies result in (oftentimes unsafe) abortions or unplanned births and expose women to unnecessary health risks such as maternal morbidity and mortality⁶. 28 countries offer little or no reimbursement for any form of contraception⁷. Considering the burden unintended pregnancy places on states and the relatively small cost of reimbursement schemes⁸, this is surprising.

In many countries, even those offering some generalised form of reimbursement for contraception, these reimbursement schemes are outdated and do not include newer, more effective forms of contraception such as many forms of long-acting, reversible contraception (LARCs), or subdermal contraceptive implants and intrauterine devices (IUDs). Because they are less prone to failure and have

higher satisfaction rates than other contraceptive methods⁹, LARCs may be a more appropriate and effective form of contraception for certain categories of women (for example, women who are sexually active but do not have any medium-term child-bearing aspirations). However, they often represent a greater one-time cost which makes them less accessible to certain women, particularly those who may benefit the most from them such as low-income women, younger women like students, and women in vulnerable situations, such as asylum seekers and refugees¹⁰. There is thus a disconnect between the preferred method of contraception for certain categories of women, their financial ability to access these methods and public authorities' funding priorities. In times of budgetary constraints, LARCs are not only the most effective contraceptive option, but also the most cost-effective for the health systems in the long-term¹¹. Research shows that for every dollar the public sector spends on LARCs, five dollars is saved in UIP costs¹².

Thus, public bodies need to update their reimbursement schemes in two ways, first by generalising reimbursement for contraception so that everyone is eligible for reimbursement and second, by ensuring that the most effective, yet financially inaccessible contraceptives are adequately covered. Financial barriers to contraceptives and related medical health services can undermine prevention of unintended pregnancies due to the preferred contraceptive method being inaccessible¹³.

1B

Online information deficit

All women need to have reliable and authoritative information on contraception so as to be able to consciously choose the method most appropriate for them at a given point in their life. Moreover, in some regions and countries, myths and taboos prevail surrounding contraception¹⁴ such as in eastern Europe¹⁵ as well in France with the recent "pill scare"¹⁶. At the same time, the average European now increasingly accesses information via online sources, including from public authorities¹⁷. According to recent studies, young people receive their information on sexual education from various sources, most notably role models' channels on YouTube followed by Wikipedia and social media platforms¹⁸. Yet, only 11 countries in Europe have very good or excellent government supported websites providing thorough, evidence-based and practical information on contraception¹⁹. Official government websites with information about contraceptive types and where to get them are a miniscule expense for governments but can make a big difference to citizens seeking accurate information.

2 Contraception Atlas: comparative research on public authorities' performance on contraception

The Contraception Atlas²⁰ is an original research project led by The European Parliamentary Forum on Population and Development (EPF) with a group of renowned experts²¹ in the field of contraception, which investigates how European public authorities perform in three categories: access to contraceptive supplies, family planning counselling and online information on contraception. The result of the research is condensed into a map which scores 46 countries in Europe. The objective of the initiative is to contribute to better access to reimbursed contraception for women in Europe. The first edition was launched in 2017 with a second edition released in March 2018, and with plans to update the Atlas annually.

Once all countries are analysed on the basis of 15 criteria, sub-divided into the three categories mentioned above, each country is allocated an overall score which corresponds to a specific colour ranging from green to light green for the best scoring countries, to yellow, orange and red for the worst performers. The table below provides an overview of the categories and how they were assessed.

Table 1: Contraception Atlas research categories

	Excellent (>75%)	Very good (60-75%)	Medium (55-60%)	Poor (50-55%)	Very poor (<50%)
Contraceptive supplies	General reimbursement scheme for contraceptive supplies for all, covering also young people and low-income women.	Reimbursement for general population for supplies	No or minimal reimbursement for general population No reimbursement for vulnerable groups ²²	No reimbursement for general population ²³ No reimbursement for vulnerable groups ²⁴	No reimbursement for general population ²⁵ No reimbursement for vulnerable groups ²⁶
Counselling	Free counselling for family planning	Score high on providing counselling	Score high on providing counselling	Average on providing counselling	Average on providing counselling
Access to on-line information	Government-supported websites with up-to-date information on all modern types of contraception, and how to get it.	Good online information (government or non-governmental supported websites)	Good quality websites (government or non-governmental) Lack logistical or financial information on supplies No minority languages	Government or non-government supported websites Insufficient logistical or financial information	Overall poor performance

The main findings of the Contraception Atlas reveal that Belgium, France and the UK ranked best of the 46 countries surveyed. A major factor setting these states apart is general reimbursement schemes which cover a range of contraceptive supplies, including LARCs. They have additional policies to improve access to contraception for young people and vulnerable groups, such as low-income women. Excellent government-supported websites are also a feature of these top performers. Nevertheless, all 46 countries researched must do more in providing comprehensive information and reimbursement for contraception improve access to contraception and to decrease UIPs.

Overall, the study revealed that Europe was performing at a score of 58.17, falling within the yellow category. This score demonstrates clearly that there is room for improvement and that Europe should not be perceived as a best-case scenario when it comes to access to information on modern, effective contraception. The result of the ranking for each country is displayed below:

Table 2: Contraception Atlas 2018 country classification

	Excellent (>75%)	Very good (60-75%)	Medium (55-60%)	Poor (50-55%)	Very poor (<50%)
	6 countries	11 countries	9 countries	7 countries	13 countries
Countries	Belgium Germany France Netherlands Norway UK	Austria Estonia Ireland Kosovo Luxembourg Moldova Portugal Slovenia Spain Sweden Turkey	Croatia Denmark Finland Italy Latvia Romania Serbia Switzerland Ukraine	Albania Armenia Czech Republic FYROM Iceland Lithuania Malta	Andorra Azerbaijan Belarus Bosnia-Herz. Bulgaria Cyprus Georgia Greece Hungary Montenegro Poland Russia Slovakia

Some of the main findings for improving access to contraception in Europe emerging from the Contraception Atlas are that states appear to shun cost-effective reimbursement schemes and that there is a distinct online information deficit. More specifically:

- Only three of the countries in Europe (France, Belgium and the UK) offer excellent general reimbursement schemes for contraception while 18 provide some, medium or full reimbursement of contraceptive supplies to women of reproductive age and several countries offer reimbursements to young people or vulnerable groups.
- Schemes offering reimbursement for LARCs are powerful in increasing access to contraception and are particularly cost-effective²⁷;
- Official government websites with information about contraceptives and where to get them are a minuscule expense for governments, but can make a big difference to citizens seeking accurate information, with 72% availability of online information when government supported websites exist, compared to 54.5% availability for when only non-government supported sites exist; Still only 11 of the countries in Europe had very good or excellent government supported websites.

3 Context: a two-speed Europe

The Contraception Atlas²⁸ demonstrates that there is a two-speed Europe when it comes to access to information on modern, effective contraception.

In the less well performing regions of Europe, modern CPR ranges from 30% (South Caucasus) to 17% (Western Balkans), equivalent to those of low-income developing countries²⁹. These poorly performing regions are characterised by a generalized neglect of the issue by public bodies³⁰. Looking deeper into these regions reveals that a number of misconceptions, myths and outdated perceptions in relation to modern, effective contraceptive methods still prevail³¹. This should be a cause of concern as low use of contraception leads to a series of inter-related negative health outcomes, including:

- Increased risks of UIPs, leading to long term issues: women who face an UIP also experience worsened mental health, and are more likely to suffer through physical abuse while pregnant³²;
- UIPs lead to more negative health behaviours in the course of a pregnancy, such as initiating prenatal care later and being less likely to breastfeed³³;
- Not having the optimal access to information on modern, effective contraception, and ultimately facing UIP as a result from that also means less empowered women: this leads to not pursuing education in adolescence, problems participating in the labour market, as well as less earnings³⁴.

In the better performing regions of Europe, modern contraceptive prevalence rates (CPR) range from 73% in northern Europe to 69% in western Europe³⁵. While there remains work to be done in

these regions, this positive development shows that involvement of public authorities is necessary and useful.

However, within the European context, access to modern contraception is not primarily about preventing an unwanted pregnancy but rather more associated with having a long-term tool to proactively plan for a family at the desired time. The popular (at time populist) myth that contraception in Europe leads to lower fertility rates does not hold up to scrutiny as the countries with the best access to contraception (Belgium, France and UK) have a combined fertility rate of 1.9 compared to Greece, Belarus and Bulgaria, coming last in the Contraception Atlas except from Andorra, with a combined fertility rate of 1.5³⁶. Indeed, in a case study on Romania's shift in family planning policy, it was found that increased access to modern contraception did not reduce fertility in the country, but instead reduced the need for women to resort to abortion³⁷. In sum:

- All European countries must do more in providing comprehensive information and reimbursement for contraception; Unintended pregnancy is an avoidable burden for European states;
- Schemes offering reimbursement for long-acting and reversible contraception are powerful in increasing access to effective contraception.

4

International normative framework on contraception

The international community has long recognised that access to contraception is a vital element for the development of societies and the attainment of human dignity, reiterating it with the United Nations Sustainable Development Goals (SDGs)³⁸, specifically including targets 3.7 and 5.6 related to reproductive health and access to contraception. Access to contraception contributes to several SDGs, including:

- SDG 3 (Good health and well-being);
- SDG 5 (Achieve gender equality and empower all women and girls);
- SDG 8 (Decent work and economic growth);
- SDG 10 (Reduced inequalities).

In May 2018, the report of the Guttmacher–Lancet Commission entitled *“Accelerate progress—sexual and reproductive health and rights for all”*³⁹ laid out the scope of the unfinished sexual and reproductive health and rights (SRHR) agenda; articulated a bold and evidence-based vision for SRHR that is grounded in human rights and highlighted the benefits of investing in SRHR, not just from a health perspective, but also in terms of broader social and economic development.

As pointed out earlier, making improvements to access contraception is not just a challenge for the Global South but concerns all European countries as well. For this reason, the European international

organisations have all made recommendations and adopted strategies which address contraception in Europe.

Starting with a public health perspective, the World Health Organisation's European Region adopted an Action plan for sexual and reproductive health: *"Towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind"* in September 2016⁴⁰, which underlined that in spite of progress made in the past 20 years, many challenges remain to fully implement the outcomes of the Cairo⁴¹ and Beijing⁴² meetings and their review conferences. The Action Plan once again stressed the right of everyone to the enjoyment of the highest attainable standard of health – a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity⁴³ and called on states to strive for achieving the full potential for sexual and reproductive health and well-being for all people. The Action Plan Objective 2.2 is to reduce the unmet need for contraception through means such as using the media to tackle myths and misconceptions about contraception, improving evidence-based information and removing any unnecessary medical and financial barriers to improve accessibility⁴⁴.

From a development perspective, the United Nations Population Fund's Division for Eastern Europe and Central Asia adopted a Regional Contraceptive Security Strategic Framework for 2017-2021 entitled *"Advancing contraceptive choices and supplies for universal access to family planning in Eastern Europe and Central Asia"*⁴⁵. This strategy covers 17 countries in the Eastern Europe and Central Asia region and re-affirmed that access to quality family planning commodities is crucial for securing reproductive rights globally and vital for fulfilling the promise of the SDGs and Agenda 2030.

European political bodies have also clearly taken position on the issue, starting with the Council of Europe: the Parliamentary Assembly of the Council of Europe adopted a resolution⁴⁶ urging states to ensure women's access to contraception at a "reasonable cost, of a suitable nature for them, and chosen by them". In addition, in December 2017, the Council of Europe Commissioner for Human Rights, Nils Muižnieks, issued a set of recommendations⁴⁷ addressed to states highlighting that failures to offer information on contraception or reimbursement may constitute discrimination against women. The recommendations also draw attention to the particular implications for young people's access to contraceptive services if cost barriers are not removed.

While not a competence of the European Union, the European Parliament has adopted a number of resolutions:

- European Parliament resolution of 10 March 2015 on progress on equality between women and men in the European Union in 2013⁴⁸, which maintained that women must have control over their own sexual and reproductive health and rights with access to contraception.
- European Parliament resolution of 9 June 2015 on the EU Strategy for equality between women and men post 2015⁴⁹, reiterates the call for geographically appropriate and readily accessible services in the areas of sexual and reproductive health and rights and safe and legal abortion and contraception, and urges the Commission to include sexual and reproductive health and rights in its next EU Health Strategy.

- European Parliament resolution of 8 September 2015 on the situation of fundamental rights in the European Union⁵⁰, calls on Member States to recognise the right to access safe and modern contraceptives and sexuality education in schools.

Altogether, the body of policy recommendations and soft-law from international and European Institutions regarding contraception all point in the same direction, that state actors need and should take more proactive steps to facilitate access to contraception, both from a human rights perspective as well as a public health concern.

5 The road to improvement: 10 recommendations

Based on the recent research as well as the recommendations and orientations from international bodies, public authorities can take concrete steps to help their citizens exercise their reproductive choice through open access to services and full choice of contraceptives and information⁵¹.

In terms of national health systems, specifically **reimbursement of contraceptives**:

1. Schemes for reimbursement of contraceptive supplies should be extended to **all people** of reproductive age, more particularly to those highlighted as having restricted access to contraception (adolescents and vulnerable groups). Equally, in some countries⁵², marriage is a prerequisite to have the access to reimbursed or free contraception. Such a requirement has no basis in public health and thus countries should remove such barriers so that young, unmarried people may also benefit from the health protection afforded by contraception.
2. Integrate reimbursement schemes within health care policies and ensure that the reimbursement schemes are **evidence- and research-based**, taking into account cost-effectiveness, efficiency and success rates in the long term. This will in turn lessen the burden of unintended pregnancies and reduce the existing budgetary strains on health care and social systems. Modern, effective contraceptive methods (e.g., LARCs) must be included in reimbursement schemes in order to reap the long-term benefits, both economic and social;

Even though all countries scored relatively well in terms of **counselling provision**, there remain areas for improvements as highlighted by contributions from civil society and beneficiaries and patients, these include:

3. In some countries it is becoming increasingly difficult to see a doctor trained in providing family planning services (GP or gynaecologist) as clinics are overbooked and waiting times can take up to several weeks⁵³. Therefore, countries should do more to **reduce the waiting time** for family planning consultations;
4. Make specialised services easily available and accessible, especially in **rural/hard to reach areas**⁵⁴, thus ensuring that women do not have to wait/travel for consultations and check-ups;

5. Ensure the availability of the **regular gynaecological/GP/midwife check-ups**. Global research⁵⁵ proves that patients frequently re-evaluate their contraceptive choices (e.g. whenever they go for a renewal of prescription), therefore regular check-ups can be crucial for improving the understanding of one's contraceptive choices and needs⁵⁶;
6. **Destigmatise and de-mystify contraception** and offer evidence-based scientific information during counselling.

A third area where there is room for improvement is that of **prescription requirements** related to contraception. Specifically:

7. In countries with prescription requirements for contraception, to ensure that they are **clear and concise** and are **implemented effectively**;
8. **Emergency contraception** should be available without prescription;⁵⁷

A final area of improvement is of the provision of **online information** and what national bodies can do to ensure that they provide accurate, reliable and authoritative information in a manner which is adapted to the way their citizenry accesses information, namely;

9. Online tools should offer **information on a broad range of modern, effective contraceptive methods**. Currently 9 countries in Europe either have insufficient information on contraception, showcasing only 5 or 6 contraceptive methods or the information is unavailable⁵⁸.
10. Improving online information on contraception is a fast and easy step towards ameliorating the situation across Europe, with the particular benefit of increasing access to young people. **Government-supported information** and improved online sources are cost-effective and efficient ways to improve a country's rating⁵⁹, as it is the state's responsibility to provide clear and accurate information about supplies and legal reimbursement provisions to the population. Some countries, such as France, already provide excellent online government-supported resources⁶⁰.

6 Conclusion

Even in the 21st century, access to modern, effective and affordable contraception remains a European challenge. In the less well performing regions of Europe, modern contraceptive prevalence rates range from 30% (South Caucasus) to 17% (Western Balkans), equivalent to those of low-income developing countries. Financial and social barriers exist for unmarried, young and vulnerable women in accessing contraceptive services. 43% of pregnancies in Europe are unintended: an avoidable burden. 28 countries offer little or no reimbursement for any form of contraception. There is a distinct online information deficit and where it does exist, sexual health information can be incorrect or riddled with myths and misconceptions.

Therefore, all European countries must do more in providing comprehensive information and reimbursement for contraception. In particular, only 11 countries in Europe have very good or excellent government supported websites providing thorough, evidence-based and practical information on contraception. More countries should follow this practice to ensure citizens have access to clear and accurate information.

Government reimbursement schemes must extend to all persons of reproductive age and ensure that the most effective, yet financially inaccessible contraceptives are adequately covered. For example, long-acting, reversible contraception (LARCs) are less prone to failure, the most effective and have higher satisfaction rates than other contraceptive methods and can be the most cost-effective for the health systems in the long-term.

By adopting these recommendations – including best practice from across Europe – countries will begin a process that will ensure women have the necessary tools and support to access the services and contraceptives most suited to them.

7

About us

European Parliamentary Forum on Population & Development (EPF) is a network of members of parliaments from across Europe who are committed to protecting the sexual and reproductive health of the world's most vulnerable people, both at home and overseas.

We believe that women should always have the rights to decide upon the number of children they wish to have, and should never be denied the education or other means to achieve this that they are entitled to.

Find out more at epfweb.org or by following [@EPF_Pop_Dev](https://twitter.com/EPF_Pop_Dev) on Twitter.

#ContraceptionAtlas

See the Contraception Atlas at contraceptioninfo.eu

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8 Contributions and thanks

This initiative is powered by the European Parliamentary Forum on Population & Development (EPF) and group of experts in sexual and reproductive health and rights who designed the questions and structures for the Contraception Atlas. EPF benefitted from the financial support of MSD to undertake original and independent research which is presented in the Atlas and the MSD Global Innovation Centre for the visualization of the findings.

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	ACCESS TO MODERN CONTRACEPTION						ACCESS TO SUPPLIES & COUNSELLING						ACCESS TO SUPPLIES & COUNSELLING										AVAILABILITY OF ONLINE INFORMATION									
	REIMBURSEMENT		COUNSELLING		PRESCRIPTION		REIMBURSEMENT		COUNSELLING		PRESCRIPTION		TYPE OF ONLINE INFORMATION		FINANCIAL INFORMATION		LOGISTICAL INFORMATION		USER FRIENDLINESS		EASE OF FINDING THE WEBSITE											
	LEVEL OF REIMBURSEMENT	SPECIAL REIMBURSEMENT FOR ADOLESCENTS (UNTIL 19)	LEVEL OF AVAILABLE, ACCESSIBLE, AND AFFORDABLE CONSULTATION	NEED FOR THIRD-PARTY CONSENT	LEGAL STATUS (MARITAL, CITIZENSHIP) IS NOT A BARRIER	AVAILABILITY OF EMERGENCY CONTRACEPTION	AVAILABILITY OF SELF-ADMINISTERED HORMONAL CONTRACEPTION WITHOUT PRESCRIPTION	LEVEL OF REIMBURSEMENT	SPECIAL REIMBURSEMENT FOR ADOLESCENTS (UNTIL 19)	LEVEL OF AVAILABLE, ACCESSIBLE, AND AFFORDABLE CONSULTATION	NEED FOR THIRD-PARTY CONSENT	LEGAL STATUS (MARITAL, CITIZENSHIP) IS NOT A BARRIER	AVAILABILITY OF EMERGENCY CONTRACEPTION	AVAILABILITY OF SELF-ADMINISTERED HORMONAL CONTRACEPTION WITHOUT PRESCRIPTION	TYPE OF ONLINE INFORMATION	NUMBER OF CONTRACEPTIVES	FINANCIAL INFORMATION	LOGISTICAL INFORMATION	MINORITY LANGUAGES IN THE SAME WEBSITE (IF RELEVANT)	VISUALIZATION OR EASE OF NAVIGATION	EASE OF FINDING THE WEBSITE											
	52.5	777	Superior to other	No	Yes	Yes (illegal)	No	6.6	Gov't supported integrated website	Not available	Not available	Not available	No	Not available	Not available	Not available	Not available	No	Not available	Not available	Not available	Albania										
	18.8	291	Similar to other	Yes	Yes	No	No	0.0	No online resources	Not available	Not available	Not available	No	Not available	Not available	Not available	Not available	No	Not available	Not available	Not available	Andorra										
	51.2	537	Similar to other	Yes	Yes	Yes (illegal)	Yes (legal)	37.4	Gov't supported integrated website	Insufficient	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Armenia										
	66.5	49.8	No reimbursement	No	Yes	Yes (legal)	No	971	Gov't supported integrated website	Superior	Exceptional	Exceptional	Yes	Exceptional	Exceptional	Exceptional	Exceptional	Yes	Exceptional	Exceptional	Exceptional	Austria										
	46.8	60.3	No reimbursement	No	No	Yes (legal)	Yes (legal)	221	Non-gov't supported websites	Standard	Not available	Insufficient	No	Insufficient	Insufficient	Insufficient	Insufficient	No	Not available	Not available	Not available	Azerbaijan										
	41.2	48.4	No reimbursement	No	Yes	Yes (legal)	No	28.0	Non-gov't supported websites	Weak	Not available	Insufficient	No	Insufficient	Insufficient	Insufficient	Insufficient	No	Not available	Not available	Not available	Belarus										
	90.1	84.8	Similar to other	Yes	Yes	Yes (legal)	No	100.0	Gov't supported standalone website	Superior	Exceptional	Exceptional	Yes	Exceptional	Exceptional	Exceptional	Exceptional	Yes	Exceptional	Exceptional	Exceptional	Belgium										
	49.0	51.9	No reimbursement	No	No	Yes (legal)	Yes (illegal)	43.5	Other online resources	Standard	Insufficient	Insufficient	No	Insufficient	Insufficient	Insufficient	Insufficient	No	Good	Good	Good	Bosnia-Herzegovina										
	41.9	36.9	No reimbursement	No	No	Yes (legal)	No	50.9	Non-gov't supported websites	Superior	Insufficient	Insufficient	No	Insufficient	Insufficient	Insufficient	Insufficient	No	Good	Good	Good	Bulgaria										
	57.9	73.6	Similar to other	No	Yes	Yes (legal)	Yes (legal)	29.0	Non-gov't supported websites	Insufficient	Insufficient	Insufficient	No	Insufficient	Insufficient	Insufficient	Insufficient	No	Insufficient	Insufficient	Insufficient	Croatia										
	45.3	49.8	No reimbursement	No	No	Yes (legal)	No	371	Non-gov't supported websites	Weak	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	No	Good	Good	Good	Cyprus										
	50.7	49.8	No reimbursement	No	No	Yes (legal)	No	52.3	Non-gov't supported websites	Standard	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Good	Good	Good	Czech Republic										
	59.1	61.2	No reimbursement	No	Yes	Yes (legal)	No	53.1	Gov't supported integrated website	Superior	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Good	Good	Good	Denmark										
	70.6	67.9	Less than other	Yes	No	Yes (legal)	No	76.5	Gov't supported standalone website	Superior	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Exceptional	Exceptional	Exceptional	Estonia										
	55.2	52.1	No reimbursement	No	No	Yes (legal)	No	60.7	Non-gov't supported websites	Superior	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Exceptional	Exceptional	Exceptional	Finland										
	90.1	84.8	Similar to other	Yes	Yes	Yes (legal)	No	100.0	Gov't supported standalone website	Superior	Exceptional	Exceptional	Yes	Exceptional	Exceptional	Exceptional	Exceptional	Yes	Exceptional	Exceptional	Exceptional	France										
	50.6	53.7	No reimbursement	No	No	Yes (legal)	Yes (legal)	44.9	Non-gov't supported websites	Standard	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	No	Good	Good	Good	FYROM										
	45.1	471	No reimbursement	No	No	Yes (legal)	No	41.5	Other online resources	Superior	Not available	Not available	Yes	Insufficient	Insufficient	Insufficient	Insufficient	No	Insufficient	Insufficient	Insufficient	Georgia										
	75.7	62.4	No reimbursement	Yes	No	Yes (legal)	No	100.0	Gov't supported standalone website	Superior	Exceptional	Exceptional	Yes	Exceptional	Exceptional	Exceptional	Exceptional	Yes	Exceptional	Exceptional	Exceptional	Germany										
	38.2	48.5	No reimbursement	No	No	Yes (legal)	Yes (illegal)	19.4	Other online resources	Insufficient	Not available	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	No	Insufficient	Insufficient	Insufficient	Greece										
	44.9	33.0	No reimbursement	No	No	Yes (legal)	No	57.4	Non-gov't supported websites	Standard	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	No	Exceptional	Exceptional	Exceptional	Hungary										
	52.8	49.8	No reimbursement	No	No	Yes (legal)	No	58.3	Non-gov't supported websites	Superior	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Good	Good	Good	Iceland										
	65.0	60.1	Less than other	Yes	No	Yes (legal)	No	74.0	Gov't supported standalone website	Superior	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	No	Exceptional	Exceptional	Exceptional	Ireland										
	55.8	52.1	No reimbursement	No	No	Yes (legal)	No	62.5	Non-gov't supported websites	Superior	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Good	Good	Good	Italy										
	67.4	82.0	No reimbursement	Yes	Yes	Yes (legal)	Yes (legal)	40.7	Gov't supported integrated website	Standard	Insufficient	Insufficient	No	Insufficient	Insufficient	Insufficient	Insufficient	No	Insufficient	Insufficient	Insufficient	Kosovo										
	58.6	57.7	Less than other	No	No	Yes (legal)	No	60.5	Non-gov't supported websites	Superior	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Latvia										
	50.1	43.6	No reimbursement	No	No	Yes (legal)	No	62.1	Non-gov't supported websites	Weak	Good	Exceptional	Yes	Exceptional	Exceptional	Exceptional	Exceptional	Yes	Exceptional	Exceptional	Exceptional	Lithuania										
	73.9	79.3	Less than other	Yes	Yes	Yes (legal)	No	63.9	Gov't supported standalone website	Superior	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Good	Good	Good	Luxembourg										
	52.2	49.8	No reimbursement	No	Yes	Yes (legal)	No	56.6	Gov't supported standalone website	Superior	Not available	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Exceptional	Exceptional	Exceptional	Malta										
	68.6	66.9	No reimbursement	Yes	Yes	Yes (legal)	Yes (legal)	67.8	Non-gov't supported websites	Superior	Good	Exceptional	Yes	Exceptional	Exceptional	Exceptional	Exceptional	Yes	Good	Good	Good	Moldova										
	48.6	55.7	No reimbursement	No	No	Yes (legal)	Yes (legal)	33.5	Non-gov't supported websites	Standard	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Montenegro										
	48.6	70.2	Less than other	Yes	No	Yes (legal)	No	91.1	Gov't supported integrated website	Standard	Exceptional	Exceptional	Yes	Exceptional	Exceptional	Exceptional	Exceptional	Yes	Exceptional	Exceptional	Exceptional	Netherlands										
	77.9	71.4	No reimbursement	Yes	Yes	Yes (legal)	No	89.7	Gov't supported integrated website	Superior	Exceptional	Exceptional	Yes	Exceptional	Exceptional	Exceptional	Exceptional	Yes	Good	Good	Good	Norway										
	44.8	35.2	Less than other	No	No	Yes (legal)	No	62.5	Non-gov't supported websites	Superior	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Good	Good	Good	Poland										
	69.1	74.5	Similar to other	No	Yes	Yes (legal)	No	59.0	Non-gov't supported websites	Superior	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Exceptional	Exceptional	Exceptional	Portugal										
	57.9	52.1	No reimbursement	No	No	Yes (legal)	No	68.4	Non-gov't supported websites	Superior	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Exceptional	Exceptional	Exceptional	Romania										
	42.8	42.9	No reimbursement	No	No	Yes (legal)	Yes (illegal)	42.6	Other online resources	Superior	Insufficient	Insufficient	No	Insufficient	Insufficient	Insufficient	Insufficient	No	Insufficient	Insufficient	Insufficient	Russia										
	55.7	54.7	No reimbursement	No	No	Yes (legal)	Yes (illegal)	57.5	Non-gov't supported websites	Superior	Insufficient	Insufficient	Good	Insufficient	Insufficient	Insufficient	Insufficient	No	Exceptional	Exceptional	Exceptional	Serbia										
	48.1	39.1	No reimbursement	No	No	Yes (legal)	No	64.4	Non-gov't supported websites	Standard	Good	Insufficient	No	Insufficient	Insufficient	Insufficient	Insufficient	No	Exceptional	Exceptional	Exceptional	Slovakia										
	60.8	63.1	Similar to other	No	No	Yes (legal)	No	56.5	Non-gov't supported websites	Standard	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Good	Good	Good	Slovenia										
	70.1	57.7	Less than other	No	No	Yes (legal)	No	92.9	Non-gov't supported websites	Superior	Exceptional	Exceptional	No	Exceptional	Exceptional	Exceptional	Exceptional	No	Exceptional	Exceptional	Exceptional	Spain										
	71.0	75.7	Similar to other	Yes	No	Yes (legal)	No	62.5	Non-gov't supported websites	Superior	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Good	Good	Good	Sweden										
	57.4	52.1	No reimbursement	No	No	Yes (legal)	No	67.2	Gov't supported standalone website	Superior	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Good	Good	Good	Switzerland										
	61.2	57.7	Less than other	No	No	Yes (legal)	Yes (legal)	67.7	Non-gov't supported websites	Standard	Good	Exceptional	No	Exceptional	Exceptional	Exceptional	Exceptional	No	Exceptional	Exceptional	Exceptional	Turkey										
	59.3	71.2	Less than other	Yes	Yes	Yes (legal)	Yes (illegal)	37.5	Non-gov't supported websites	Insufficient	Insufficient	Insufficient	Yes	Insufficient	Insufficient	Insufficient	Insufficient	Yes	Good	Good	Good	Ukraine										
	87.6	82.4	Similar to other	Yes	Yes	Yes (legal)	No	97.1	Gov't supported integrated website	Superior	Exceptional	Exceptional	Yes	Exceptional	Exceptional	Exceptional	Exceptional	Yes	Exceptional	Exceptional	Exceptional	United Kingdom										



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Contraception Info

For more information, see contraceptioninfo.eu or follow @ContraceptInfo on Twitter.

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