Introduction

Emergency contraception (EC) methods have been available in European countries for more than 20 years. Timely access to EC is an important component of the contraceptive mix offered to individuals, in order to ensure their reproductive health and rights. EC is an essential reproductive health supply, and is listed as one of the overlooked life-saving commodities that could save the lives of women and children.

This factsheet provides an overview of EC availability in European countries as of December 2021: in what countries are different types of ECPs available; what is their average cost in each country and where are they provided at a reduced cost; what countries include EC in social security schemes and have updated EC guidelines; and what data is available on EC use and knowledge at the country level. It also summarises the main changes in accessibility since 2016. ECEC does not have data about Iceland, Kyrgyzstan, Liechtenstein, Monaco, Montenegro, Republic of Kosovo, San Marino, Turkmenistan and the Vatican City State. Therefore, these countries are not included in this summary.

The previous edition of this factsheet was published in April 2016. If subnational policies apply for specific regions, these may not have been captured. For more detailed information on a specific country or to know more about EC access in European countries, please visit the section called Emergency Contraception in Europe / Country-by-Country information on our website: www.ec-ec.org

Since 2012, the European Consortium for Emergency Contraception (ECEC) monitors EC availability and accessibility in Europe, and has created a country-by-country database to generate and disseminate knowledge. ECEC keeps this database open and as updated as possible, thanks to the collaboration of numerous local experts. ECEC wants to thank HRA Pharma for providing an unrestricted grant which has allowed us to create, sustain and update this database for the past 10 years.

We encourage colleagues and consumers to look for EC in stores and pharmacies near you and to share your findings with us at ecec [at] eehr [dot] org. You can also write to us if you believe that information presented here is inaccurate or outdated. This factsheet can be found online at the Publications section of our website.
1. What is emergency contraception?

Emergency contraception (EC), also known as postcoital contraception, refers to contraceptive methods that can be used to prevent pregnancy after unprotected or inadequately protected sexual intercourse. EC is also called (popularly and inaccurately) the morning after pill.

Currently, there are four main types of EC methods available in Europe:

- Pills containing 1.5 mg of levonorgestrel (LNG ECPs)
- Pills containing 30 mg of ulipristal acetate (UPA ECPs)
- Pills containing 10 mg or 25 mg of mifepristone (Mife ECPs)
- In addition, the insertion of a copper releasing intrauterine device (Cu-IUD) after intercourse, is also a form of EC. Data on the use of this method for EC is very limited.

The Yuzpe regimen (the intake of combined oral contraceptive pills containing both progestin and oestrogen in a dose used as EC) was widely used before the introduction of dedicated EC products. However, this regimen is less effective and is no longer recommended in settings in which dedicated products are available, due to its stronger side effects.

2. Where are emergency contraception pills (ECPs) available?

LNG EPCs
- LNG ECPs are available in all European countries from which ECEC has data.
- They are registered as non-prescription medicines (meaning that they can be sold without prescription directly to the patient/consumer) in: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bulgaria, Croatia, Czech Republic, Cyprus, Denmark, Estonia, Finland, Republic of North Macedonia, France, Georgia, Germany, Greece, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Moldova, Netherlands, Norway, Portugal, Romania, Slovenia, Spain, Sweden, Turkey, Serbia, Slovakia, Switzerland, Tajikistan, United Kingdom and Uzbekistan.
- They are registered as prescription medicines in Bosnia and Herzegovina, Hungary, Kazakhstan, Poland, Russian Federation and Ukraine. Anecdotal data suggests that despite their regulatory status, these ECPs can be occasionally bought without prescription in all countries except in Poland.

UPA EPCs
- UPA ECPs are available in all countries except for Uzbekistan, Georgia, Azerbaijan, Republic of North Macedonia, and the Russian Federation.
They are registered as non-prescription medicines in: Albania, Andorra, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Moldova, Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, and the United Kingdom.

They are registered as prescription medicines in Armenia, Belarus, Hungary, Kazakhstan, Poland, Serbia, Turkey and Ukraine.

Mife EPCs
ECPs containing a low dose of mifepristone (Mife ECPs) are available in: Armenia, Moldova, the Russian Federation and Ukraine. Mife ECPs are prescription medicines in all these countries, except in Moldova.

3. Average sale price of LNG ECPs in community pharmacies (when procured without prescription, health cards, or any public or private health insurance scheme).

- 4.5 to 9.9 €:
  Albania, Andorra, Armenia, Belgium, Belarus, Georgia, Azerbaijan, Kazakhstan, Luxembourg, Tajikistan, France, Greece, Russian Federation, Moldova, Republic of North Macedonia, Serbia and Turkey.
- 10 to 15 €:
  Austria, Bulgaria, Denmark, Italy, Lithuania, Netherlands, Poland, Portugal, Romania, Slovenia, Ukraine and Uzbekistan.
- 15.1 to 20 €:
  Bosnia and Herzegovina, Estonia, Finland, Germany, Hungary, Israel, Latvia, Malta, Spain, Sweden and Switzerland.
- 20.1 to 25 €:
  Croatia, Czech Republic, Slovakia and Norway.
- Over 25 €:
  Ireland (40.47 €) and the United Kingdom (28.65 €).

The wider price ranges for LNG ECPs are found in Bosnia and Herzegovina (from 22.5 to 14.5), Israel (20.5 to 11.6) and UK (42 to 15.3). No data is available for Cyprus.
4. **Average sale price of UPA ECPs in community pharmacies (when procured without prescription, health cards, or any public or private health insurance scheme).**

- **5 to 15 €:** Tajikistan, Turkey and Ukraine.
- **15,1 to 20 €:** Albania, Armenia, Belarus, Estonia, France, Kazakhstan, Moldova and Romania.
- **20,1 to 25 €:** Andorra, Belgium, Bulgaria, Czech Republic, Denmark, Hungary, Lithuania, Luxembourg, Portugal, Serbia and Slovenia.
- **25,1 to 30 €:** Bosnia and Herzegovina, Croatia, Cyprus, Greece, Israel, Italy, Latvia, Slovakia, Spain, Sweden.
- **30,1 to 40 €:** Austria, Finland, Germany, Malta, Netherlands, Norway, Poland and Switzerland.
- **Over 40 €:** Ireland and the United Kingdom.

As of January 2021, new brands of UPA ECPs are available in at least: Austria, Finland, France, Germany, Greece, Ireland, Italy, Netherlands, Norway, Poland, Portugal, Romania and Spain. The introduction of generic UPA ECPs may have changed the average cost of this type of ECPs in some countries, but these changes are not reflected in this factsheet.

5. **Average sale price of mifepristone ECPs in community pharmacies (when procured without prescription, health cards, or any public or private health insurance scheme).**

- **Moldova:** 4,47 €
- **Armenia:** 6 €
- **Ukraine:** 6,14 €
- **Russian Federation:** 8,5 €
6. ECPs are provided free or at a reduced cost in specific venues or to specific populations in:

Andorra, Armenia, Belgium, Finland, France, Germany, Ireland, Israel, Kazakhstan, Luxembourg, Moldova, Netherlands, Republic of North Macedonia, Norway, Poland, Portugal, Spain, Sweden, Switzerland, and United Kingdom. Also, in parts of Bosnia and Herzegovina (Respublika Srpska) and of Republic of North Macedonia (Skopje). In addition, ECPs are often provided free of cost at clinics of International Planned Parenthood Federation members associations.

7. The cost of ECPs is reimbursed or covered (fully or partially) by the national health system in:

Andorra, Belgium, France, Germany, Ireland, Israel, Netherlands, Portugal, Switzerland, Sweden, United Kingdom and the Respublika Srpska (but not in the rest of Bosnia and Herzegovina). In all other countries, ECPs are mostly procured in the private sector and the cost is covered out of pocket by users.

In Scotland and Wales (within the United Kingdom) EC is available free of charge without restrictions in pharmacies. But in the majority of other countries, a prescription is required in order to obtain EC free of cost. This is an important handicap, given that visiting a health provider to obtain a prescription is not clinically necessary and delays the initiation of treatment, which reduces its efficacy. Some countries (like Belgium) are exploring ways to sort this out.

8. Countries that have published or updated guidance documents on EC provision (since 2015):

The use of updated and evidence-based guidelines by health professionals, including pharmacists, can improve patient outcomes. In countries where different EC options are available without prescription, guidelines can help pharmacists inform patients when choosing their EC method. As new scientific evidence continues to emerge regarding EC, guidelines should be periodically updated.

To ECEC’s knowledge, since 2015 the following countries have published or updated guidelines on EC provision or dispensing of some sort:
An update on access to emergency contraception in Europe

This includes guides published by different organizations such as scientific societies, colleges of pharmacists, private societies of community pharmacies, and health authorities. For further details about each country’s guidelines, visit the section “Guidelines & common practices” of each country page on our website.

9. Data on EC use:

There are no standard measurements of EC use in Europe (nor globally). New data on “ever use of EC” and “use of EC in the past 12 months” is available from population studies in some countries, but the data is not necessarily comparable.

- **France (2016)**: 6.2% of women aged 15-49 at risk of unplanned pregnancy had used EC in the past 12 months.¹
- **Netherlands (2017)**: 5% of women aged 18-49 had used ECPs at least once in the past year.²
- **Albania (2017)**: 15.1% of women reported EC use during the previous 12 months, and 46.8% reported having used EC at least once in their lifetime.³
- **Norway (2011/12 and 2019)**: 35.1% of women aged 18-45 had used EC at least once in their lifetime.⁴ In 2019, however, the Norwegian Institute of Public Health reported a decrease in EC sales of 29% (…) during the period 2009-2018.⁵

---

• **Estonia (2014):** 41.3% of women aged 16-44 reported having used EC at least once in their lifetime.6

• **Portugal (2016):** 17% of women aged 15-49 reported having used EC at least once in their lifetime.7

• **Spain (2018/9):** 30% of sexually active women aged 15-49, reported in 2018 having ever used EC.8 In addition, 29.7% of women aged 16-25 reported in 2019 having used EC at least once in their lifetime.9

References listed above are available at the “EC use” section of each country page on ECEC website.

**10. Data on percentage of women who know or are aware of EC:**

Knowing that there is a contraceptive that can be used after unprotected sex, is a necessary first step to resource to this method. There are no standard measurements of EC knowledge or awareness in Europe. Some new data is available from different studies.

• **Armenia (2016)10**
  
  40.1% of women aged 15-49 have knowledge of EC.
  
  46.1% of currently married women aged 15-49 have knowledge of EC.
  
  46% of man have knowledge of EC.

• **Albania (2018)11**
  
  53.2% of women have knowledge of EC.

• **Portugal (2016)12**
  
  88% of women aged 15-49 have knowledge of EC.


An update on access to emergency contraception in Europe

- **Serbia (2019)**
  91.4% of women aged 15-49 have heard of EC.
  30.1% of women in Roma settlements aged 15-49 have heard of EC.

  67.7% of women aged 15-49 have heard of EC.
  27.7% of women in Roma settlements aged 15-49 have heard of EC.

- **Tajikistan (2017)**
  28.4% of women aged 15-49 have knowledge of EC.
  34.3% of currently married women aged 15-49 have knowledge of EC.

### 11. Other changes in EC accessibility:

- **Andorra**: In June 2018, health authorities switched LNG and UPA ECPs status, and made them available without prescription for women over 16.

- **Armenia**: The government pledged to procure free contraceptives, including EC, for certain populations as of 2015.

- **Belgium**: Since April 2020, ECPs are dispensed free of charge in pharmacies to women of any age who present a prescription. Before this change was introduced, the measure applied to women under 21 only.

- **Bosnia Herzegovina**: ECPs are subsidized when procured with a prescription in the Republika Srpska, but not in the rest of the country.

- **Italy**: In April 2015, the Italian Medicines Agency (AIFA) approved the switch of UPA ECPs to non-prescription medicine for 18 years old and older. In October 2020, AIFA removed this age restriction and announced that a prescription was no longer necessary for women underage.

- **Malta**: In June 2016, the Women’s Rights Foundation filed a judicial protest to request access to EC. In October Malta’s Medicines Authority announced the approval of ECPs as non-prescription medicines, “in order to ensure the quality, safety, and efficacy of the treatment”. As of December 2016, UPA and LNG ECPs are available in Malta. However, accessibility problems remain.

- ECPs can be purchased from non-pharmacy outlets in the Netherlands, Norway and Sweden.

---


The European Consortium for Emergency Contraception is a network of individuals and organizations that aim to increase knowledge and access to emergency contraception in Europe. ECEC is hosted by the East European Institute for Reproductive Health (1 Moldovei St, 540493 Tirgu Mures, Romania).

Visit our website to learn more and contact us to join our online community:

www.ec-ec.org
ecec [at] eeirh [dot] org