



EXECUTIVE SUMMARY

Position Paper on Sexual and Reproductive Health and Rights

Belgrade 2026

Sexual and reproductive health and rights (SRHR) are fundamental human rights.

Across the WHO European Region's 53 Member States the landscape of sexual and reproductive health and rights (SRHR) is one of profound inequality. Progress and regression coexist. This Society stands unequivocally for universal, evidence-based, rights-centered SRHR for every person in every European country.

The regression of SRHR anywhere is a threat to human rights everywhere.

The State of SRHR in Europe: Key Indicators

<p>5%–23%</p> <p>Range of unmet family planning needs across WHO European Member States</p>	<p>5/47</p> <p>European countries lead in contraceptive access</p>	<p>21/47</p> <p>European countries cover LARCs in national health system</p>	<p>21%</p> <p>Adolescents (age 15) sexually active across Europe <i>many unprotected</i></p>	<p>8/47</p> <p>European countries still require direct consent to access contraception for minors.</p>
<p>2 in 49</p> <p>European countries lead the region with strong legal protections on abortion</p>	<p>3 in 49</p> <p>European countries with abortion largely criminalized</p>	<p>180,000</p> <p>Girls/women at risk of FGM in Europe per year</p>	<p>28,000+</p> <p>Women die from cervical cancer in Europe annually 2nd most common cancer in women 15–44</p>	<p>1 in 4</p> <p>Women in Europe subjected to intimate partner violence during their lifetime</p>

ESCRH 10 Core Positions

1. SRHR are fundamental human rights. All individuals are entitled to the highest attainable standards of sexual and reproductive health, free from discrimination, coercion, and violence.
2. Evidence-based medicine and human rights principles must guide SRHR policy and clinical practice at every level.
3. Contraception is an essential, life-saving intervention. Universal, equitable, and free access to a full range of modern contraceptive methods must be guaranteed globally.

4. Safe abortion must be accessible, legal, and provided with dignity to those who seek it. Conscientious objection must never impede timely access to care.
5. Comprehensive, age-appropriate sexuality education is a right, not a privilege. It must be delivered to all young people, free from ideological interference.
6. Sexually transmitted infections (STIs), including HIV, demand robust prevention, screening, and treatment strategies — especially for vulnerable populations.
7. Reproductive tract cancers are largely preventable. Vaccination, screening, and treatment must be universally available.
8. Gender-based violence (GBV), including female genital mutilation (FGM), is a public health crisis and a human rights violation requiring immediate action.
9. Marginalized populations, including adolescents, LGBTQIA+ individuals, migrants, refugees, people with disabilities, older adults, and sex workers, require dedicated, inclusive SRHR services.
10. Misinformation, censorship, and politically or ideologically motivated restrictions on SRHR must be actively countered through research, advocacy, and solidarity.

Our Commitment

The ESCRH commit to advocating for the recommendations in this paper across the European institutions, governments, and health systems. We commit to supporting and promoting scientific knowledge within our and other national Societies in order to dismantle the barriers that prevent millions of people in Europe from exercising their sexual and reproductive rights.

Evidence, rights, and justice are not negotiable.

Collaboration

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Key Source Documents

1. EPF. European Abortion Policies Atlas 2025. Brussels: EPF, 2025. Available at: https://www.epfweb.org/sites/default/files/2025-09/Abortion%20Atlas%20EPF%20-%202025%20updated_0.pdf
2. EPF. Contraception Policy Atlas Europe 2026. Brussels: EPF, 2026. Available at: https://escrh.eu/wp-content/uploads/2026/04/CCInfoEU_A3_EN_2026_MAR23.pdf
3. European Society of Contraception and Reproductive Health. Position Paper on Sexual and Reproductive Health and Rights 2019 (The Madrid Declaration). European Society of Contraception and Reproductive Health. 2019. Available at: <https://escrh.eu/wp-content/uploads/2019/08/ESC-Position-Paper.pdf>.
4. International Federation of Gynecology and Obstetrics FIGO (2022). The Cartagena Declaration. Declaration of the International Federation of Gynecology and Obstetrics' Division of Sexual and Reproductive Health and Wellbeing. 2022. Available at: <https://www.figo.org/resources/figo-statements/cartagena-declaration>.
5. United Nations Department of Economic and Social Affairs, Population Division (2022). World Family Planning 2022: Meeting the changing needs for family planning: Contraceptive use by age and method. Available at: <https://desapublications.un.org/publications/world-family-planning-2022-meeting-changing-needs-family-planning-contraceptive-use>.

6. World Health Organization. Regional Office for Europe. Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind (RC66). 2016. Available at: <https://www.who.int/europe/publications/i/item/EUR-RC66-13>.
7. World Health Organization. Regional Office for Europe. Sexual and reproductive health: fact sheet on Sustainable Development Goals (SDGs): health targets. 2017. Available at: <https://www.who.int/europe/publications/i/item/WHO-EURO-2017-2386-42141-58055>.
8. World Association for Sexual Health. The Porto Proclamation on Sexual Health, Rights and Justice. 2025. Available at: <https://www.worldsexualhealth.net/porto-proclamation>.
9. Starrs A, Ezeh A, Barker G et al. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. The Lancet. 2018;391:2642-2692.

The following organizations provided their endorsement of the ESCRH Position Paper on Sexual and Reproductive Health and Rights:

