



# YOUTH

VOICES ||| CHOICES

## Upholding young people's sexual and reproductive health and rights

### DESIGNING A POST-COVID-19 FUTURE FOR MARGINALISED YOUTH IN THE WESTERN BALKANS

Regional Policy Recommendations, October 2022

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Stigma and discrimination, socio-economic factors and geographic distance create barriers for the marginalised groups within our society to access healthcare and support services. The COVID-19 pandemic exacerbated these existing barriers, and negatively impacted the delivery of healthcare services, notably sexual and reproductive health (SRH) care, and related rights (SRHR), especially for women, young people, and people in vulnerable situations. It demonstrated how fragile our systems are and the unpreparedness of European countries in dealing with health emergencies. At the same time, every crisis presents an opportunity. The COVID-19 pandemic stimulated creativity and innovation to overcome obstacles to care, e.g. through digital outreach. It gives us collectively the chance to **identify gaps, lessons learned, and promote good practice, to create more accessible and inclusive SRHR services and information.**

The Youth Voices - Youth Choices project coordinated by IPPF EN aims to better understand and learn from young people's SRHR experiences during the pandemic, with special attention to those in the most vulnerable situations, in 5 countries in the Western Balkans region (Albania, Bosnia and Herzegovina, Bulgaria, North Macedonia and Kosovo). Based on our research findings, this document elaborated by our Regional Expert Group makes **policy recommendations** to local, national and regional authorities, to strengthen health systems, and ensure they respond to the needs of those left furthest behind, in and beyond emergency situations.

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# We urge all decision-makers to:

## 1. Strengthen healthcare systems and guarantee their accessibility for all, in particular to SRH services

- Make comprehensive SRHR services, information and supplies an **essential** component of healthcare provision, to guarantee their continued access during crises. (See the essential package of SRHR services below).
- Adopt a **human rights-based approach** to SRHR services delivery. SRHR services should notably:
  - respect and promote individuals' right to freely make their own, informed, **decisions over their sexual and reproductive lives**, free from discrimination and coercion,
  - comply with the highest standards of **quality** of care,
  - be **available** and **accessible** to all. To ensure universal access for the most vulnerable and marginalised groups, **targeted interventions** are required, such as: **digital** healthcare interventions and telemedicine; **mobile teams** of healthcare professionals to reach remote areas and segregated communities; **Roma health mediators** in Roma communities; **youth-friendly** services for young people; HIV prevention for most at risk populations; and others,
  - be free or at least **affordable**, particularly for the most economically disadvantaged.
- Support a holistic approach to health that fully considers the impact of the crisis on the **psychological well-being** of young people, and responds to the increased needs, through the provision of accessible and affordable mental health information and services.

## 2. Invest in the training of healthcare professionals to equip them to respond to the SRHR needs of marginalised groups

- **Train healthcare professionals**, including SRH and mental health professionals, to improve their **attitudes** when treating patients to:
  - combat stigma and intersectional discrimination in the healthcare sector, including sexism, homophobia,

transphobia, validism, antigypsyism and other forms of racism;

- guarantee respect for patients' rights, including informed consent and confidentiality, particularly of marginalised populations, who may not speak the language, know how to read or write, or live in small communities in rural areas.

- Train healthcare professionals, so that they acquire the necessary **medical knowledge and skills** to provide SRH care, and do not perpetuate any misconceptions or stigma on SRHR, including abortion care and all modern methods of contraception, including Long-Acting Reversible Contraceptives.

- Recognise the key role played by healthcare professionals, and **strengthen the collaboration between different professionals in the healthcare community**, such as family doctors / General Practitioners, nursing staff, family counsellors, mental health professionals, Roma health mediators, CSE educators, etc.

- Strengthen in particular the role of **Roma health mediators**, and broaden their portfolio to include SRHR, notably by providing them with specific SRH training.

## 3. Provide accurate information & education on SRHR, and combat disinformation, to empower young people

- Ensure the provision of mandatory **Comprehensive Sexuality Education (CSE)** in line with the latest UNESCO standards, to all children, adolescents and young people, in formal educational settings in the school curriculum, and in non-formal out-of-school settings. (See the definition of CSE below).

- **Train teachers** adequately, to equip them with the knowledge and attitudes they need to deliver good quality, accurate and non-judgemental CSE.

- Raise **public awareness** of the content and benefits of CSE, to counter disinformation on CSE; with a focus on gaining the support of parents for CSE, and empowering them to communicate with their children on SRHR.

- To complement the school curriculum, ensure that information is available through **multiple and diverse communication channels**, including public campaigns,

governmental websites, social media, and other digital solutions for online education.

The information provided should **respond to the diverse needs of all young people**, including LGBTIQ and other marginalised youth, be delivered in youth-friendly language, and in the languages of ethnic minorities and refugees.

- Commit to the meaningful and active **participation of young people** in the design and delivery of CSE. Support the provision of peer-to-peer education, by young people themselves. Empower young people to advocate for their rights to access CSE and SRHR.

- **Ensure CSE challenges harmful gender norms and addresses gender-based violence** and bullying, including based on sexual orientation and gender identity or expression. CSE should be delivered in a safe and inclusive learning environment for all children, adolescents and young people and protect them from discrimination on any grounds.

## 4. Improve access to SGBV services for young people

- Provide comprehensive, integrated, quality, accessible, free of charge, and confidential **support services** to all survivors of sexual and gender-based violence (SGBV), leaving no one behind. SGBV support services should be declared essential, and should include: shelters, hotlines, psycho-social support, reporting mechanisms, legal assistance, SRH services.

- Increase public **funding** for SGBV support services.

- Improve **intersectoral collaboration** to support SGBV survivors, between law enforcement officials, the judiciary, healthcare professionals, and CSOs.

- Provide **training** to healthcare professionals and social workers, to detect, support and refer SGBV survivors; and reduce risks of secondary victimisation and perpetration of violence by these very professionals.

## 5. Strengthen support to, and collaboration with, SRHR Civil Society Organizations (CSOs)

- Ensure an **enabling environment** for civil society and apply systematic actions to prevent and condemn the harassment of CSOs and human rights defenders working to advance SRHR and gender equality, in line notably with the Council of Europe Parliamentary Assembly's [Resolution](#) on stopping anti-choice harassment.

- **Involve** CSOs in decision-making processes and strengthen the collaboration between CSOs, healthcare institutions, and public authorities in the design and provision of SRHR, CSE and SGBV services and information.

- Increase public **funding** to CSOs that advocate for and provide SRHR, CSE, SGBV, and psycho-social support services and information, particularly those working with marginalised groups.

## 6. Gather data

- Collect **disaggregated data** to enhance knowledge about the specific needs and challenges faced by young people in accessing SRH care; considering their sexual orientation, gender identity and expression, sex characteristics, as well as race, ethnicity, religion or belief, health status, disability, age, class, migration or economic status.

- Collect data on the delivery of CSE, and its impact on young people's knowledge, values, attitudes, and behaviours. Collect data on the diverse needs of all young people and regularly update the CSE curricula and resources accordingly.



# We urge EU decision-makers to:

Support European countries in implementing the recommendations above, through relevant policy and budgetary instruments. We call upon the EU to support, monitor and make recommendations to European countries to ensure they improve the access to, and quality of, SRHR and CSE. In particular, we call on the EU to:

- **Hold European countries accountable for the implementation of SRHR-related commitments in key existing EU policies**, especially:

- the **European Pillar of Social Rights Action Plan** (Principle 16 on Healthcare), the **SDGs** (SDG3.7 and 5.6), the **Gender Equality Strategy** and the **Gender Action Plan**, the **EU LGBTIQ Equality Strategy**, the **EU Youth Strategy and European Youth Goals**, the **Youth Action Plan**; and the **EU Roma Strategic Framework**.
- Encourage candidate countries to uphold SRHR through regular dialogues with governments, and the **DG NEAR Annual Enlargement Package and Progress Reports**.

- **Commit to advance SRHR in upcoming EU policies**, especially:

- Adopt a comprehensive and inclusive **Directive on Violence Against Women**, with strengthened provisions on SRHR and CSE.

- Include SRHR issues in the upcoming **EU Global Health Strategy**.

- **Invest to support European countries and CSOs to improve access to:**

- **SRHR healthcare services and CSE**, through the **EU4Health Programme**, the **European Social Fund**, and the **Instrument for Pre-Accession**.
- **SGBV support services**, through the **Citizens, Equality, Rights and Values Programme**, and the **Instrument for Pre-Accession**.

- **Encourage regular exchanges of best practice and mutual learning on SRHR**, with a special focus on youth and marginalized groups, between European countries and CSOs.

- **Monitor and condemn the shrinking civic space for SRHR CSOs** in EU Member States and candidate countries, and **support CSOs**, notably by **funding** them through the **Citizens, Equality, Rights and Values Programme**, and the **Instrument for Pre-Accession**.

## WHAT DO WE MEAN BY...

### ... Sexual and Reproductive Health and Rights (SRHR)

(definition based on the [Guttmacher-Lancet Commission](#)). Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Achieving sexual and reproductive health relies on realizing sexual and reproductive rights, which are based on the human rights of all individuals to have their bodily integrity, privacy and personal autonomy in all aspects of sexuality and reproduction respected; freely define their own sexuality, sexual orientation and gender identity and expression; have safe and pleasurable sexual experiences; and decide whether, when and with whom to be sexually active, to marry, and to have children. All individuals have a right to access services that support these rights, free from discrimination, coercion, exploitation and violence.

In line with this definition, the Guttmacher-Lancet Commission recommends the following essential package of sexual and reproductive health interventions:

- Comprehensive sexuality education
- Counselling and services for a range of modern contraceptives,
- Safe abortion services and treatment of complications of unsafe abortion,
- Maternal (antenatal, childbirth and postnatal) and newborn care,
- Prevention, detection and treatment or management / counselling of: HIV/AIDS and other sexually transmitted infections, reproductive cancers, and infertility. Information, counselling and services for sexual health and well-being
- Prevention, detection, immediate services and referrals for cases of sexual and gender-based violence.

### ... Human rights-based approach

*"A human rights-based approach to family planning is a systematic process to ensure that attention to human rights principles related to family planning is embedded in all programmatic phases, (i.e., needs assessment, programme design, work plan development, implementation, monitoring and evaluation) at all levels of the programme (i.e., policy, service delivery, community and individual)." Key Rights and Empowerment Principles and Standards that should be applied at all levels of the healthcare system include:*

Availability, Accessibility, Acceptability, Quality, Non-discrimination, Informed decision-making, Privacy and Confidentiality, Participation, Accountability, Agency / Autonomy / Empowerment. The Comprehensive Human Rights-based, Voluntary Family Planning Program Framework details the essential elements that should ideally be in place, to achieve an enabling legal and policy environment, quality information and services, a supportive culture and community, and empowered and satisfied individuals.

### ... Comprehensive Sexuality Education (CSE)

is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives (International Technical Guidance on Sexuality Education, UNESCO, 2018).

CSE is scientifically accurate, incremental, age- and developmentally appropriate, based on a human rights approach and gender equality, and culturally relevant. CSE challenges harmful social gender norms and stereotypes, and educates on the topics of sexual orientation, gender identity and expression and variations of sex characteristics, and sexual consent. CSE is as such a key measure to prevent SGBV.

### ... Young people in vulnerable or marginalised situations

In the context of this project, young people in vulnerable situations refer to those who are exposed to conditions of vulnerability in relation to SRHR matters, which can be multiple and intersecting; such as, residing in rural

areas, having a lower socio-economic status, belonging to the Roma community or other marginalised ethnic groups, being LGBTIQ, having been pregnant or given birth during the COVID-19 pandemic.

This document was produced within the framework of the project "YOUTH VOICES, YOUTH CHOICES" funded by Merck through its Merck for Mothers Program, by the Regional Expert Group:

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