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*****I** **REPORT**

on the proposal for a European Parliament and Council regulation on aid for policies and actions on reproductive and sexual health and rights in developing countries
(COM(2002) 120 – C5-0114/2002 – 2002/0052(COD))

Committee on Development and Cooperation

Rapporteur: Ulla Margrethe Sandbæk

Symbols for procedures

- * Consultation procedure
majority of the votes cast
- **I Cooperation procedure (first reading)
majority of the votes cast
- **II Cooperation procedure (second reading)
*majority of the votes cast, to approve the common position
majority of Parliament's component Members, to reject or amend
the common position*
- *** Assent procedure
*majority of Parliament's component Members except in cases
covered by Articles 105, 107, 161 and 300 of the EC Treaty and
Article 7 of the EU Treaty*
- ***I Codecision procedure (first reading)
majority of the votes cast
- ***II Codecision procedure (second reading)
*majority of the votes cast, to approve the common position
majority of Parliament's component Members, to reject or amend
the common position*
- ***III Codecision procedure (third reading)
majority of the votes cast, to approve the joint text

(The type of procedure depends on the legal basis proposed by the Commission)

Amendments to a legislative text

In amendments by Parliament, amended text is highlighted in ***bold italics***. Highlighting in *normal italics* is an indication for the relevant departments showing parts of the legislative text for which a correction is proposed, to assist preparation of the final text (for instance, obvious errors or omissions in a given language version). These suggested corrections are subject to the agreement of the departments concerned.

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PROCEDURAL PAGE

By letter of 7 March 2002 the Commission submitted to Parliament, pursuant to Article 251(2) and Article 179(1) of the EC Treaty, the proposal for a European Parliament and Council regulation on aid for policies and actions on reproductive and sexual health and rights in developing countries (COM(2002) 120 - 2002/0052 (COD)).

At the sitting of 14 March 2002 the President of Parliament announced that he had referred this proposal to the Committee on Development and Cooperation as the committee responsible and the Committee on Budgets, the Committee on Budgetary Control, the Committee on the Environment, Public Health and Consumer Policy, the Committee on Women's Rights and Equal Opportunities for their opinions (C5-0114/2002).

The Committee on Development and Cooperation appointed Ulla Margrethe Sandbæk rapporteur at its meeting of 18 April 2002.

It considered the Commission proposal and draft report at its meetings of 28 Mai, 2 October and 11 November 2002, and 20 January 2003.

At its meeting of 21 January 2003, it adopted the draft legislative resolution by 25 votes in favour and 2 against, with no abstentions.

The following were present for the vote: Joaquim Miranda, chairman; Margrietus J. van den Berg, vice-chairman; Anders Wijkman, vice-chairman; Ulla Margrethe Sandbæk, draftsman; Jean-Pierre Bebear, Yasmine Boudjenah, John Bowis, Marie-Arlette Carlotti, Maria Carrilho, Luigi Cesaro, John Alexander Corrie, Nirj Deva, Fernando Fernández Martín, Vitaliano Gemelli, Richard Howitt, Glenys Kinnock, Karsten Knolle, Wolfgang Kreissl-Dörfler, Paul A.A.J.G. Lannoye, Miguel Angel Martínez Martínez, José Ribeiro e Castro (for Isabelle Caullery), Didier Rod, Francisca Sauquillo Pérez del Arco, Michel-Ange Scarbonchi (for Luisa Morgantini), Karin Scheele (for Karin Junker), Maj Britt Theorin and Jürgen Zimmerling.

The opinions of the Committee on Budgets and the Committee on Women's Rights and Equal Opportunities are attached; the Committee on Budgetary Control decided on 16 April 2002 and the Committee on the Environment, Public Health and Consumer Policy decided on 27 March 2002 and not to deliver any opinions.

The report was tabled on 28 January 2003.

DRAFT LEGISLATIVE RESOLUTION

European Parliament legislative resolution on the proposal for a European Parliament and Council regulation on aid for policies and actions on reproductive and sexual health and rights in developing countries (COM(2002) 120 – C5-0114/2002 – 2002/0052(COD))

(Codecision procedure: first reading)

The European Parliament,

- having regard to the Commission proposal to the European Parliament and the Council (COM(2002) 120¹),
 - having regard to Article 251(2) and Article 179(1) of the EC Treaty, pursuant to which the Commission submitted the proposal to Parliament (C5-0114/2002),
 - having regard to Rule 67 of its Rules of Procedure,
 - having regard to the report of the Committee on Development and Cooperation and the opinions of the Committee on Budgets and the Committee on Women's Rights and Equal Opportunities (A5-0020/2003),
1. Approves the Commission proposal as amended;
 2. Asks to be consulted again should the Commission intend to amend the proposal substantially or replace it with another text;
 3. Instructs its President to forward its position to the Council and Commission.

Text proposed by the Commission

Amendments by Parliament

Amendment 1 Recital (1)

(1) The European Community is deeply concerned by the reproductive and sexual health conditions of women and men aged 15 to 49 in developing countries. High maternal mortality and morbidity rates and the lack of a full range of safe and reliable reproductive and sexual health services undermine all efforts to **increase economic** development, expand opportunities and safeguard livelihoods in developing countries,

(1) The European Community is deeply concerned by the reproductive and sexual health conditions of women and men, **in particular those** aged 15 to 49 in developing countries. High maternal mortality and morbidity rates, the lack of a full range of safe and reliable reproductive and sexual health **care and** services, **supplies and information, and the spread of HIV and AIDS** undermine all efforts **for poverty eradication, to enhance sustainable** development, expand

¹ OJ C 151 E 25.6.2002, p. 260.

opportunities and safeguard livelihoods in developing countries,

Justification

Many people, especially young people, are denied the information they need to make fully informed decisions about their sexual relationships. This means they are not able to protect themselves against infection and pregnancy when sexually active. The lack of information is often deliberate, due to a belief at government, formal educative and family level, that it will encourage promiscuity. Services, supplies and information go in tandem: A unilateral approach to one reduces people's capacity to effectively fulfil their reproductive health needs.

Amendment 2

Recital (2)

(2) Individual freedom of choice for women, men and adolescents through adequate access to information and services in matters concerning their reproductive and sexual health and rights is a significant element of progress and development,

(2) Individual freedom of choice for women, men and adolescents through adequate access to information, **education** and services in matters concerning their reproductive and sexual health and rights is a significant element of progress and development **and requires action by governments as well as individual responsibility,**

Justification

Not applicable.

Amendment 3

Recital (3)

(3) The right to **good health** is a fundamental human right **recognised by** Article 25 of the Universal Declaration of Human Rights. This right is being denied to over a fifth of the world's population,

(3) The right to **enjoy the highest attainable standard of physical and mental health** is a fundamental human right **which is in line with the provisions of** Article 25 of the Universal Declaration of Human Rights. This right is being denied to over a fifth of the world's population,

Justification

-More accurate formulation.

-Article 25 of the Universal Declaration on Human Rights and Article 12 of the Covenant on Economic, Social and Cultural Rights recognises the right of everyone “to the enjoyment of the highest attainable standard of physical and mental health.” These provisions also note that to achieve the full realisation of this right, interventions shall include prevention, treatment and control of the epidemic, endemic, occupational and other diseases.

Amendment 4
Recital (5)

(10) The Community upholds the right of individuals to decide freely on the number and spacing of their children; it condemns any violation of human rights in the form of compulsory abortion, compulsory sterilisation, infanticide, or the rejection, abandonment or abuse of unwanted children as a means of curbing population growth,

(5) The Community *and its Member States* uphold the right of individuals to decide freely on the number and spacing of their children; it condemns any violation of human rights in the form of compulsory abortion, compulsory sterilisation, infanticide, or the rejection, abandonment or abuse of unwanted children as a means of curbing population growth,

Justification

Clarification.

Amendment 5
Recital (6)

(7) Both the European Parliament and the Council have called for greater efforts by the Community in the area of reproductive and sexual health and rights in developing countries,

(6) Both the European Parliament and the Council have called for greater efforts by the Community in the area of reproductive and sexual health and rights in developing countries,

Justification

Clarification.

Amendment 6

Recital (7)

(7) Articles 25 (para. 1, point c and d) and 31 (point b, iii) of the ACP-EU Partnership Agreement signed in Cotonou in June 2000, clearly aim to integrate strategies to improve access to basic social services,

Justification

Self-explanatory.

Amendment 7

Recital (8)

(6) The Community and its Member States have contributed greatly to the wider effort to support policies and programmes on reproductive and sexual health and rights in developing countries ***and should continue to play a leading role in this area,***

(8) The Community and its Member States will continue to contribute greatly to the wider effort to support policies and programmes on reproductive and sexual health and rights in developing countries, ***and undertake to continue to play a leading role in this area, giving priority to health as part of a global strategy to fight poverty,***

Justification

Not applicable.

Amendment 8
Recital (9)

(5) The Community *is* determined to make a full contribution towards achieving the Millennium Development Goals of reducing by three-quarters the rate of maternal mortality and attaining access to reproductive health world-wide,

(9) The Community ***and its Member States are*** determined to make a full contribution towards achieving the Millennium Development Goals of reducing by three-quarters the rate of maternal mortality, ***achieving gender equality***, and attaining access to ***sexual and*** reproductive health ***care and services*** world-wide,

Justification

Clarification.

Amendment 9
Recital (10)

(10) The Monterrey Conference stipulates that increased ODA and debt relief schemes should be used for the benefit of better health and education outcomes and the EU has an important role to play in exploring how increased ODA could be used more effectively for improved sustainable development,

Justification

Not applicable.

Amendment 10
Recital (11)

(8) The International Conference on Population and Development (ICPD) **held in Cairo in 1994, followed by** the ICPD +

(11) The International Conference on Population and Development (ICPD) **held in Cairo in 1994 and the ICPD + 5 in**

5 in 1999, set out an ambitious agenda *for tackling population, reproductive and sexual health and rights issues,*

1999, set out an ambitious agenda. *The Community and its Member States maintain their commitment to the specific reproductive health goal that was agreed at the ICPD, to “make accessible, through the primary health care system, reproductive health care to all individuals of appropriate ages as soon as possible and no later than the year 2015” (ICPD Programme of Action, para. 7.6),*

Justification

The Millennium Development Goals do not specifically include the above-mentioned reproductive health goal agreed at the ICPD. To this end, your drafts person recommends that the proposed regulation should explicitly refer to the key reproductive health agreements of the ICPD and ICPD + 5, as this is the mandate for all reproductive health actors.

Amendment 11
Recital (12)

(12) The EU is committed to uphold the principles agreed at the ICPD and the ICPD + 5, and calls upon the international community, in particular the developed countries, to collectively ensure the appropriate share of the financial burden defined in the Cairo Programme of Action,

Justification

Self explanatory.

Amendment 12
Recital (13)

(9) Since the ICPD, progress has been made, yet there is still much to be done to ensure that every woman has the chance of a health

(13) Since the ICPD, progress has been made, yet there is still much to be done to ensure that every woman has the chance of a

pregnancy and of giving birth in safe conditions, that the needs of young people are met and that the violence and abuse suffered by women is stopped,

healthy pregnancy and of giving birth in safe conditions, that the ***sexual and reproductive health*** needs of young people are met and that the violence and abuse suffered by women is stopped, ***also in refugee and conflict situations,***

Justification

Clarification.

Amendment 13

Recital (14)

(14) The sustained supply, availability and affordability of more effective and acceptable methods of contraception and protection from sexually transmitted infection, including HIV/AIDS, is crucial in achieving the ICPD goals; it denotes an adequate supply and choice of quality reproductive health-related supplies for every person who needs them. This form of security requires, not only the commodities themselves, but the capacity to forecast, finance, procure and deliver them to the places they are needed, at the times they are needed,

Justification

Self-explanatory.

Amendment 14

Recital (15)

(15) The 1995 UN Beijing Conference on Women and Beijing + 5 reaffirmed the goals of the ICPD Programme of Action recognising that unsafe abortions threatened the lives of a large number of

women, and that deaths and injuries could be prevented through safe and effective reproductive health measures,

Justification

Self-explanatory.

Amendment 15
Recital (16)

(11) No support is to be given under this Regulation to incentives to encourage sterilisation or abortion ***as a means of family planning*** nor to the improper testing of contraception methods in developing countries,

(16) No support is to be given under this Regulation to incentives to encourage sterilisation or abortion nor to the improper testing of contraception methods in developing countries. ***When co-operation measures are implemented, the decisions adopted at the ICPD in particular ICPD para 8. 25 according to which, inter alia, abortion should in no case be promoted as a method of family planning, have to be rigorously observed. Post abortion counselling, education and family planning services should be offered promptly, which will also help to avoid repeat abortions,***

Amendment 16
Recital (17)

***(17)* Experience shows that population and development programmes are most effective when steps have been taken to improve the status of women (ICPD Programme of Action, para. 4.1). Gender equality is a precondition for improved reproductive health, and men should take full responsibility for their sexual and reproductive behaviour (ICPD, para. 4.25),**

Justification

Not applicable.

Amendment 17

Recital (18)

(18) The effectiveness of programmes to support nationally lead strategies to improve reproductive and sexual health in developing countries partly depends on the improved co-ordination of aid at both the European and the international level, in particular with the UN agencies, funds and programmes, and more specifically the UN Population Fund,

Justification

In accordance with recent Community policy on enhanced co-operation between the EC and other donors and international institutions, in particular the United Nations system.

Amendment 18

Recital (19)

(19) Reproductive health providers have a major role to play in the prevention of HIV/AIDS and other Sexually Transmitted Infections (STIs),

Justification

The importance of preventing and reducing the incidence of HIV/AIDS, should feature more prominently in this Commission proposal. Lack of access to reproductive health care and education on HIV/AIDS is contributing to the increased incidence on HIV infection. However, more money is needed across the reproductive health field to ensure that HIV prevention activities can be funded and to ensure that traditional areas of need, such as family planning and mother and child initiatives will not be further compromised.

Amendment 19

Recital (20)

(12) Council Regulation (EC) No 1484/97 of 22 July 1997 on aid for population policies and programmes in developing countries, which is applicable until 31

(20) Council Regulation (EC) No 1484/97 of 22 July 1997 on aid for population policies and programmes in developing countries, which is applicable until 31

December 2002, is rendered obsolete by the present Regulation and should therefore be repealed,

December 2002, is rendered obsolete by the present Regulation and should therefore be repealed. *The experience acquired during its application should be reflected in the application of this new Regulation,*

Justification

An evaluation report of the development cooperation in the field of Health, AIDS and Population has been published.

Amendment 20 Recital (21)

(13) The present Regulation lays down, for the entire duration of the programme it establishes, a financial framework constituting the prime reference, within the meaning of point 33 of the Interinstitutional Agreement between the European Parliament, the Council and the Commission of 6 May 1999 on budgetary discipline and improvement of the budgetary procedure, for the budgetary authority during the annual budgetary procedure,

(21) The present Regulation lays down, for the entire duration of the programme it establishes, a financial framework constituting the prime reference, within the meaning of point 33 of the Interinstitutional Agreement between the European Parliament, the Council and the Commission of 6 May 1999 on budgetary discipline and improvement of the budgetary procedure, for the budgetary authority during the annual budgetary procedure,

Amendment 21 Recital (22)

(14) Since the measures necessary for the implementation of this Regulation are management measures within the meaning of Article 2 of Council Decision 1999/468/EC of 28 June 1999 laying down the procedures for the exercise of implementing powers conferred on the Commission, they should be adopted by use of the management procedure provided for in Article 4 of that Decision,

(22) Since the measures necessary for the implementation of this Regulation are management measures within the meaning of Article 2 of Council Decision 1999/468/EC of 28 June 1999 laying down the procedures for the exercise of implementing powers conferred on the Commission, they should be adopted by use of the management procedure provided for in Article 4 of that Decision,

Amendment 22
Recital (23)

(15) In accordance with the principles of subsidiarity and proportionality set out in Article 5 of the Treaty, the objective of the proposed action, namely to improve sexual and reproductive health and to secure respect for the rights related thereto, with particular reference to developing countries, cannot be attained by the Member States acting alone and, by reason of the scale and effects of the proposed action, can therefore only be achieved by the Community. This Regulation confines itself to the minimum required to achieve that objective and does not go beyond what is necessary for that purpose,

(23) In accordance with the principles of subsidiarity and proportionality set out in Article 5 of the Treaty, the objective of the proposed action, namely to improve sexual and reproductive health and to secure respect for the rights related thereto, with particular reference to developing countries, cannot be attained by the Member States acting alone and, by reason of the scale and effects of the proposed action, can therefore only be achieved by the Community. This Regulation confines itself to the minimum required to achieve that objective and does not go beyond what is necessary for that purpose,

Amendment 23
Article 1, paragraph (2)

(2) The Community shall provide financial assistance and appropriate expertise with a view to promoting the recognition of reproductive and sexual rights, safe motherhood and universal access to a comprehensive range of safe and reliable reproductive and sexual health services.

(2) The Community shall provide financial assistance and appropriate expertise with a view to promoting a ***holistic approach to and*** the recognition of reproductive and sexual ***health and*** rights ***as defined in the ICPD Programme of Action, including*** safe motherhood and universal access to a comprehensive range of safe and reliable reproductive and sexual health ***care and*** services.

Justification

For the purposes of this chapter, your draftsman believes it is important to use the definition agreed at the ICPD, since this is the key international agreement on reproductive health.

Amendment 24

Article 2 (b)

(b) Enable women, men and adolescents to have access to a comprehensive range of safe and reliable reproductive and sexual health care services **and products**;

(b) Enable women, men and adolescents to have access to a comprehensive range of **quality**, safe, **accessible**, **affordable** and reliable reproductive and sexual health care services, **supplies, education and information, including information about all kinds of family planning methods**;

Justification

Not applicable.

Amendment 25

Article 2 (c)

(c) Reduce maternal mortality rates, with particular reference to the countries and populations where these are highest.

(c) Reduce maternal mortality **and morbidity** rates, with particular reference to the countries and populations where these are highest.

Justification

The toll of maternal morbidity – not only mortality as stated in the proposed Regulation - should be taken into account. It is estimated that 50 million women are left with serious complications every year (due to rupture and prolapse of the uterus, pelvic inflammatory disease etc), placing a serious health burden on women, their families, communities, societies, countries.

Amendment 26

Article 3, paragraph 1

(1) Community financial support shall be given to specific operations designed to attain the objectives described in Article 2 **(1)**, and, in particular to those which aim to:

(1) Community financial support shall be given to specific operations **targeting the poorest and most vulnerable populations in both rural and urban areas** designed to attain the objectives described in Article 2, and, in particular to those which aim to:

Justification

Not applicable.

Amendment 27
Article 3, paragraph 1(b)

(b) ensure ***that poor people have*** better access to quality reproductive and sexual health services, offering them , in particular, contraceptive choice and the prevention and diagnosis of sexually transmitted infection;

(b) ensure better access to quality reproductive and sexual health services, offering them, in particular, contraceptive choice and the prevention and diagnosis of sexually transmitted infection, ***including HIV/AIDS and the provision of voluntary confidential counselling and testing (VCCT)***;

Justification

Not applicable.

Amendment 28
Article 3, paragraph 1(c)

(c) ***provide*** adolescents with the necessary information, services and skills to protect their reproductive and sexual health and avoid unwanted pregnancies;

(c) ***offer*** adolescents ***and young adults educational programmes that focus on the relationship between family planning, reproductive health, sexually transmitted diseases and the impact of HIV/AIDS on partnerships, and provide them*** with the necessary information, services and skills to protect their reproductive and sexual health and avoid unwanted pregnancies ***and involve them in the design and implementation of such programmes;***

Justification

Not applicable.

Amendment 29
Article 3, paragraph 1(d)

(d) fight against *harmful practices* such as female genital mutilation;

(d) *the* fight against *practices harmful to the sexual and reproductive health of women, adolescents and children*, such as female genital mutilation, *sexual violence, child marriages and early marriages*;

Justification

Not applicable.

Amendment 30
Article 3, paragraph (1), point (e)

(e) ensure the availability of more effective, *affordable* and acceptable methods of contraception and protection of sexually transmitted infection;

(e) ensure the *sustained supply*, availability *and affordability* of more effective and acceptable methods of contraception and protection *from* sexually transmitted infection, *including HIV/AIDS*;

Justification

There is a critical shortfall in international funding to meet the reproductive health needs of the world's poorest people. The international community is increasingly voicing its alarm regarding worldwide shortages of reproductive health supplies. A growing population and increased demand for services, a shortfall in international donations and the rise of HIV/AIDS, have all led to widespread shortages in reproductive health services and supplies.

Amendment 31
Article 3, paragraph (1), point (f)

(f) promote comprehensive maternal health programmes, *for* the provision of ante-natal care and the establishment of a *professional* body of skilled birth attendants;

(f) promote comprehensive maternal health programmes, *including* the provision of *quality* ante-natal care, *care during childbirth and post-natal care*, and the establishment / *expansion* of a body of skilled birth attendants;

Justification

At least 75% of all maternal deaths happen needlessly. Maternal health care requires three distinct types of quality service provision depending on which part of the cycle the mother is in. It is important to specifically take this aspect into account in the Regulation. Only 53% of births take place with a skilled attendant globally; in West Africa the figure is as low as 35%. The establishment of a body of skilled attendants would acknowledge the work and experience of those skilled, but not necessarily professionally qualified personnel as well as set best practices for new and existing birth attendants.

Amendment 32
Article 3, paragraph 1(g)

(g) Provide emergency obstetric *care* and post-partum care, ***with particular attention to the prevention and treatment of haemorrhage, hypertension and infection.***

(g) Provide ***effective*** emergency obstetric and post-partum care, ***including the complications of unsafe abortion;***

Justification

Not applicable.

Amendment 33
Article 3, paragraph 1 (ga) (new)

(ga) reduce unsafe abortions by diminishing the number of unwanted pregnancies through the provision of family planning services, compassionate counselling and information, including the use of contraception, and by investing in the training and equipping of suitable staff including medical service personnel to manage under hygienic and safe conditions the complications resulting from unsafe abortion.

Justification

Not applicable.

Amendment 34
Article 3, paragraph 2

(2) In order to implement the above, particular attention shall be given to the need to improve the health systems of developing countries. In addition, with a view to ensuring that improvements in health and well-being are sustainable, all operations shall be conducted in tandem with broad-based investments in the social sector, covering education, community action, equity and gender awareness, environmental improvement, economic well-being, food-security and nutrition.

(2) In order to implement the above, particular attention shall be given to the need to improve the health systems of developing countries. ***In this process, the participation and consultation of local communities, families and stakeholders, with special attention to the poor, women and adolescents, must be ensured.*** In addition, with a view to ensuring that improvements in health and well-being are sustainable, all operations shall be conducted in tandem with broad-based investments in the social sector, covering education, community action, equity and gender awareness, environmental improvement, economic well-being, food-security and nutrition.

Justification

Not applicable.

Amendment 35
Article 4, paragraph 1(b)

(b) technical assistance, training or other services;

(b) technical assistance, training, ***counselling*** or other services;

Justification

It is very important that funding should also be made available for counselling activities.

Amendment 36
Article 5, paragraph (2)

(2) A financial contribution from the partners defined in Article 6 shall be sought for each co-operation operation. In specifying the amount of the contribution requested, regard shall be ***had*** to the capacity of the partners concerned and the nature of the operation in question. In certain circumstances, the contribution may

(2) A financial contribution from the partners defined in Article 6 shall be sought for each co-operation operation. In specifying the amount of the contribution requested, regard shall be ***given*** to the capacity of the partners concerned and the nature of the operation in question. In certain circumstances, the contribution may

be in kind if the partner is either a non-governmental organisation (NGO) or a community-based organisation.

be in kind if the partner is either a non-governmental organisation (NGO) or a community-based organisation.

Justification

Linguistic correction.

Amendment 37
Article 5, paragraph (3) a (new)

(3 a) In the context of the operations referred to in Article 3 (1) (b)-(g), efforts shall be made to integrate interventions targeting the reproductive and sexual health and rights with actions targeting poverty diseases.

Justification

Many linkages exist between actions in the field of sexual and reproductive health and poverty diseases (mainly HIV/AIDS) interventions. Such linkages and synergies need to be recognised and used to the maximum.

Amendment 38
Article 6, paragraph (1), point (e)

(e) international organisations, such as the United Nations and its agencies, as well as development banks, financial institutions, global initiatives, international public/private partnerships;

(e) international organisations, such as the United Nations and its agencies, ***funds and programmes***, as well as development banks, financial institutions, global initiatives, international public/private partnerships;

Justification

See amendment 3.

Amendment 39
Article 10, paragraph 1

(1) The financial framework for the implementation of this Regulation for the period from 2003 to 2006 is hereby set at .. million Euro *[to be decided APS 2003]*.

(1) The financial framework for the implementation of this Regulation for the period from 2003 to 2006 is hereby set at **73.95** million Euro.

Justification

Not applicable.

Amendment 40
Article 11, paragraph (2)

(2) An annual exchange of views with the Member States shall take place on the basis of a presentation by the representative of the Commission of the strategic programming guidelines for the operations to be carried out, within the Committee referred to in Article 13 paragraph 1.

(2) An annual exchange of views with the Member States shall take place on the basis of a presentation by the representative of the Commission of the strategic programming guidelines for the operations to be carried out, within the Committee referred to in Article 13 paragraph 1. ***The Committee shall give an opinion on these matters according to the management procedure referred to in Article 13(2) and (3).***

Justification

Comitology in line with Council.

Amendment 41
Article 12, paragraph (2)

(2) Decisions concerning operations for which financing under this Regulation exceeds **5** million Euro and any changes to these operations that entail a cost overrun of more than 20% of the amount initially fixed for the operation concerned, shall be adopted in accordance with the procedure

(2) Decisions concerning operations for which financing under this Regulation exceeds **3** million Euro and any changes to these operations that entail a cost overrun of more than 20% of the amount initially fixed for the operation concerned, shall be adopted in accordance with the procedure

referred to in Article 13, paragraph 2.

referred to in Article 13, paragraph 2.

Justification

In general, projects under the regulation do not exceed 1 million Euro.

Amendment 42
Article 12, paragraph (3)

(3) For decisions and changes to these operations amounting to **5** million Euro or less, the Commission will inform the Member States.

(3) For decisions and changes to these operations amounting to **3** million Euro or less, the Commission will inform the Member States.

Justification

See previous amendment.

Amendment 43
Article 14, paragraph 1

(1) After each budget year, the Commission shall submit in its annual report on EC development policy to the European Parliament and to the Council, information on the operations financed in the course of that year and the Commission's conclusions on the implementation of this Regulation over the previous budget year. The summary shall in particular provide information about the strengths and weaknesses of operations, those with whom contracts have been concluded as well as the results of any independent evaluations of specific operations.

(1) After each budget year, the Commission shall submit in its annual report on EC development policy to the European Parliament and to the Council, information on ***the guidelines for its annual indicative strategic programme***, the operations financed in the course of that year and the Commission's conclusions on the implementation of this Regulation over the previous budget year. The summary shall in particular provide information about the strengths and weaknesses of operations, those with whom contracts have been concluded ***and the sums of those contracts***, as well as the results of any independent evaluations of specific operations.

Justification

Not applicable.

Amendment 44
Article 14, paragraph 2

(2) One year before the expiry of this Regulation, the Commission shall submit an independent appraisal report on the implementation of this Regulation to the European Parliament and the Council with a view to establishing whether ***its objectives have been achieved*** and providing guidelines for improving the effectiveness of future operations. On the basis of this appraisal report the Commission may make proposals for the future of this Regulation and, if necessary, proposals for its amendment.

(2) ***At the latest*** one year before the expiry of this Regulation, the Commission shall submit ***a comprehensive*** independent appraisal report on the implementation of this Regulation to the European Parliament and the Council with a view to establishing whether ***the actions undertaken under the present Regulation have been effective*** and ***with a view to*** providing guidelines for improving the effectiveness of future operations. On the basis of this appraisal report the Commission may make proposals for the future of this Regulation and, if necessary, proposals for its amendment.

Justification

Not applicable.

EXPLANATORY STATEMENT

The correlation between poverty and lack of reproductive and sexual rights is one, which has long been established. This has been particularly prevalent throughout the developing world where life expectancy – especially for the most vulnerable groups - is precariously balanced between macroeconomic and public health considerations. Research shows that where couples and individuals have access to quality reproductive health services, supplies and information, they can control their fertility and exercise their human right to choose the timing, spacing and size of their family. Family planning enables women to space their pregnancies for optimal health for themselves and their children, and encourages barrier methods of contraception to provide protection against sexually transmitted infections (STIs), including HIV/AIDS. In wider social and economic terms, reproductive health care can free couples, especially women, from the repeated cycle of childbearing, alleviating poverty and enabling them to be economically active.

There is already a huge unmet need for modern family planning. One third of pregnancies, around 80 million a year, are unwanted or unplanned, but that figure is expected to grow. By 2015, there will be an estimated 742 million people in need of reproductive health supplies and services.

Pregnancy and childbirth are the leading causes of death and disability for women in developing countries. Every year, 600.000 women die as a direct result of getting pregnant, with 99% of these deaths occurring in developing countries. In addition, an estimated 50 million women are left with serious complications. However, at least 75% of all maternal deaths and injuries could and should be prevented through reproductive health programs.

13% of all maternal deaths (78.000 every year) result from unsafe abortions. Good quality family planning, as a vital component of reproductive health care, would prevent unwanted pregnancies.

Reproductive health, in the context of this report, covers all areas related to reproduction, from sexual health to couple's choice in the timing and size of their families and the protection against STIs, including HIV/AIDS. Through long term investment into reproductive health supplies, services and provision of information, the EC and developing countries can encourage and empower both women and men to take responsibility for their own destinies and ultimately go a significant way towards the ultimate objective of poverty eradication. A healthy and well-informed population goes a long way to establishing and maintaining economic stability and ultimately growth.

Context

A number of international instruments and previous EU legislative texts have laid a solid foundation in this area. The 1974 Bucharest World Population Conference established the human right of couples and individuals to family planning. The 1994 International Conference on Population and Development established access to reproductive health services and supplies as a key tool in the battle for poverty alleviation and sustainable development. It also shaped the reproductive health strategies that many countries across the globe have in place today. For the first time financial estimates were made in relation to effective implementation of such an

ambitious strategy, that is the ICPD Programme of Action (PoA). At that time, it was recommended that developed countries should cover one third of the costs and the rest should be contributed by developing countries.

The principles enunciated at ICPD have been repeatedly reassessed and reaffirmed since then; ICPD +5 reaffirmed and set new benchmarks. The 1995 UN Fourth World Conference on Women reaffirmed the goals of the ICPD Programme of Action and further strengthened the language on abortion. It was recognised that unsafe abortions threatened the lives of a large number of women, especially the poorest and the youngest member of society, but that deaths and injuries could be prevented through safe and efficient reproductive health measures.

The current reality, however, is much different. Contrary to the European Parliament's consistent calls for 35 percent of development aid to be allocated to the field of health and education, this has not yet been achieved. To date, out of 61 Country Strategy Papers, only 9 countries have chosen health as a focal area of cooperation, representing so far 4.3% of programmable resources.

Links to HIV/AIDS

Reproductive health supplies are also required for the prevention of STIs, including HIV/AIDS. At the end of 2000, around 36 million people (1.1% of the adult population) in the world were living with AIDS or HIV. During 2000, a total of 5.3 million adults and children were found to be newly infected with HIV and 3 million people died from HIV/AIDS – 80% of whom were Africans. The figures are shocking, but the human stories behind them are worse.

The ICPD called for the integration of HIV/AIDS prevention and family planning. At ICPD+5, the wider impact of the Aids pandemic was becoming clear. Governments called for increased access to male and female condoms, antiretroviral drugs for women during and after pregnancy and information for women on HIV and breastfeeding. The case is clear: reproductive health care centres are a natural place for women and their partners to receive information and to take a blood test for HIV/AIDS, especially in countries where the issue is still a major taboo. Voluntary and confidential counselling and testing (VCCT) should form an integral part of reproductive health care services.

Gender issues

Gender issues inevitably enter into any text or policy framework in the area of reproductive health. Men play a key role in bringing about gender equality since, in most societies, they exercise predominant power in nearly every sphere of life. Governments should promote equal participation of women and men in all areas of family and household responsibilities, including responsible parenthood, sexual and reproductive behaviour and prevention of sexually transmitted diseases. The support of men is a crucial factor in women's empowerment. Men must come to recognise that women's empowerment is not a threat, but rather a proven way to improve their families and societies.

Vulnerable groups /emergency situations

Young people now comprise over half of the world's population with adolescents alone making up 20 %. Statistics show that 15 million women under the age of 20 die during childbirth every year. Sexually transmitted infections (STIs) are most common amongst 15 – 24 years old, while half of all new HIV infections occur in people under the age of 25.

Many young people are denied the information they need to make fully informed decisions about their sexual relationships. This means they are not able to protect themselves against infection and pregnancy when sexually active. The lack of information is often deliberate, due to a belief at government, formal educative and family level, that it will encourage promiscuity. It has become paramount for governments to acknowledge the further potential damage to their populations and to work in partnership with other state and non-state actors towards limiting further erosion of national human resources and consequentially economic wealth, via improved access to reproductive health services, supplies and last but not least, information.

There are currently more than 35 million refugees or internally displaced people (IDPs) worldwide. Up to 80% of them are women and children. Refugee and emergency settings compound many of the problems faced by women who find themselves in a highly vulnerable situation. Safe motherhood, prevention and management of the consequences of sexual and gender violence, family planning, prevention and treatment of STIs, prevention of HIV/AIDS, are some of the services offered by reproductive health providers and should continue doing so.

Budget

The greatest challenge in achieving the ICPD goals remains funding, or its lack thereof. Funding continues to fall short of the figures laid out in the original ICPD Programme of Action. An annual figure of just US \$2.1 billion is currently available – less than one third of the US \$7 billion pledged by the international community in 1994.

To date, out of the 20 donor countries, only four have managed to devote 0.7% of their GDP to ODA and some donors have actually even reduced support. In the last 3 years, the United Nations Fund for Population Activities (UNFPA) has had to cut country programmes, and cancel activities due to a reduction in contributions, exacerbated by the Bush Administration "Mexico City Policy".

Resources remain central to the challenges of improving reproductive health status. Limited resources will hold back efforts to meet the increasing needs of a growing population, a growing number of adolescents and a growing AIDS pandemic. It is important that the European Parliament set solid foundations for the reproductive health agenda and the achievement of the ICPD goals.

MINORITY OPINION

(pursuant to Rule 161(3) of the Rules of Procedure)
José RIBEIRO E CASTRO (UEN)

By coincidence, Commissioner Nielson recently reaffirmed that the Commission does not internationally promote abortion, regretting campaigns which allege the contrary. For this very reason – in order to avoid accusations which distort the facts – it is vital to use a clear language. I therefore regret the rejection of my request for a split vote on recital 11, whilst the failure of amendments 10, 36 and 46 (Hannan/Dover) and 22 (Montfort/Thomas-Mauro) – all of which aimed to provide unequivocal clarification of the EU's policies – is to be condemned.

The majority appears to prefer ambiguity. However, it was this deliberately unclear language which led, first of all, to abuse on the ground and, subsequently, to the 'campaigns' which have upset the Commissioner. This confusion is, moreover, already evident on the Commission's website, where the term 'population' is defined in a way which profoundly distorts the dictionary definition¹. Are obscure policies intentionally to be encouraged? Finally, in the amendment to Article 3(1)(d), I fail to understand what is meant by 'early marriages', which are to be combated alongside the already condemned 'child marriages'. I also regret the rejection of amendments 13, 20 and 49 (Montfort/Thomas-Mauro) aimed at future mothers in distress, which represents a total lack of sensitivity and is patently absurd given that we are dealing with reproductive health, and not non-reproductive health.

¹ See: http://www.europa.eu.int/comm/development/sector/social/population_en.htm: 'The term "population" is an umbrella term now used to describe issues relating to demography and reproductive and sexual health and rights. This can include issues such as contraception, abortion, safe motherhood, early child care, gender-based and sexual violence, and sexually transmitted diseases (STDs), including HIV/AIDS.'

5 June 2002

OPINION OF THE COMMITTEE ON BUDGETS

for the Committee on Development and Cooperation

on the proposal for a European Parliament and Council regulation on aid for policies and actions on reproductive and sexual health and rights in developing countries

(COM(2002) 120 – C5-0114/2002 – 2002/0052(COD))

Draftsman: María Esther Herranz García

PROCEDURE

The Committee on Budgets appointed María Esther Herranz García draftsman at its meeting of 17 April 2002.

It considered the draft opinion at its meeting of 3-4 June 2002.

At the last meeting it adopted the following amendments unanimously with two abstentions.

The following were present for the vote: Terence Wynn, chairman; Reimer Böge, vice-chairman; Anne Elisabet Jensen, vice-chairman; Francesco Turchi, vice-chairman; María Esther Herranz García, draftsman; María Antonia Avilés Perea (for Den Dover, pursuant to Rule 166(3)), Catherine Guy-Quint, Jutta D. Haug, Constanze Angela Krehl, John Joseph McCartin, Jan Mulder, Juan Andrés Naranjo Escobar, Joaquim Piscarreta (for James E.M. Elles, pursuant to Rule 166(3)), Bartho Pronk (for Ioannis Averoff), Per Stenmarck and Ralf Walter.

SHORT JUSTIFICATION

The Commission has presented a proposal, which was adopted on 7 March 2002, for a regulation on "Aid for policies and actions on reproductive and sexual health rights in developing countries" intended to replace Council Regulation (EC) 1484/97 on "Aid for population policies and programmes in developing countries", which will expire on 31 December 2002, having come into force in 1998.

The current Regulation was conceived with the objective of implementing the major elements of the Cairo Plan of Action adopted in 1994 and consequently achieving the Millennium Development Goals (MDGs) defined for maternal health and for child mortality.

The rapporteur emphasises that, at this new stage, the impetus of the Community's recently adopted policy is for strengthened cooperation between the EC and other donors and international institutions such as the United Nations and the World Bank.

The reconfirmation of this Regulation and the increase in the financial framework for its implementation (+ 72% in commitment appropriations), reflect the importance that the Community grants to this program for better reproductive health for poor people in the framework of achieving sustainable development for those developing countries to which this aid is directed.

The duration of this regulation will be from 2003 to 2006. If we bear in mind that the budgetary authority must approve it, under the co-decision procedure, we urge the Commission to provide, in future, sufficient time for the budgetary authority to deliberate whether one, two, or three readings are necessary.

The fact that the title of the Regulation is new implies that the general scope of it has been changed and/or broadened but no clarifications regarding this are given in the explanatory text.

Budgetary aspects

The multi-annual financial framework for the implementation of this regulation according to PDB 2003 and the documents on financial programming for 2003-2006 is fixed at € 55,8 million for 2003 to 2006. € 13,95 million in commitment appropriations and € 14 million in payment appropriations each year.

Line B7-6312: Aid for population and reproductive health care

€million, commitment appropriations, based on financial programming 2003-2006

Budget 2002	PDB 2003	Diff. 2002-2003	2004	2005	2006	Total 2003-2006
8,069	13,95	+ 72,9 %	13,95	13,95	13,95	55,8

The rapporteur would like written confirmation from the Commission that this is the official financial framework proposed because these numbers are provisional.

The rapporteur notes that the Commission has stated that a significant increase for the health sector (as demonstrated by this proposal and the proposal for a regulation on poverty diseases) would not be possible without redeployment leading to a decrease in other development areas.

This should be seen in the light of the existing margin for heading 4 which, in PDB 2003, is only € 60 million. Given the uncertainty as to needs for Palestine, Cyprus and Afghanistan, this margin is extremely small.

The rapporteur welcomes the proposal to have a comitology committee to only make decisions for projects above € 5 million. In that case, the traditional approach of the Budgets Committee is that the advisory procedure should apply.

AMENDMENT TO THE LEGISLATIVE RESOLUTION

[The European Parliament]

Considers that the financial statement of the Commission proposal is compatible with the ceiling of heading 4 of the Financial Perspective if the Budgetary Authority accepts a reduction of other policies or through recourse to the provisions of the IIA of 6 May 1999.

Justification:

The financial statement of this programme entails additional expenditure under the ceiling of heading 4 of the FP. According to the common declaration of 20 July 2000, the budgetary authority is entitled to evaluate the compatibility of the new proposals.

AMENDMENTS

The Committee on Budgets calls on the Committee on Development and Cooperation, as the committee responsible, to incorporate the following amendments in its report:

Text proposed by the Commission ¹	Amendments by Parliament
Amendment 1 Recital 1	
<i>The European Community is deeply concerned by the reproductive and sexual health conditions of women and men aged 15 to 49 in developing countries. High maternal mortality and morbidity rates and the lack of a full range of safe and reliable reproductive and sexual health services undermine all efforts to increase economic development, expand opportunities and safeguard livelihoods in developing countries,</i>	<i>The European Community is deeply concerned by the reproductive and sexual health conditions of women and men aged 15 to 49 in developing countries. High maternal mortality and morbidity rates and the lack of a full range of safe and reliable reproductive and sexual health services undermine all efforts to increase economic and sustainable development, expand opportunities and safeguard livelihoods in developing countries,</i>

¹ OJ C (not yet published).

Justification

The search for sustainable development is a key factor in aid and cooperation with developing countries, in the medium and long term for those countries, and in long term for the EU itself.

Amendment 2
Recital 12 a (new)

Account must be taken of the results achieved and the experiences gained from the actions implemented under that regulation to optimise them in this regulation.

Justification

As the current proposal builds on an already existing regulation, but modifies it substantially, it should be mentioned that what has been learned over the past 5 years must be taken into account.

Amendment 3
Recital 12 b (new)

It is necessary to ensure effective monitoring and evaluation of the actions undertaken under the present regulation, especially as regards measuring outcomes on the basis of stated objectives, in order to achieve the best practical results from investments and to obtain the most effective measures for the population.

Justification

The shift towards an approach that focuses on the results (outcomes) of implemented projects, rather than concentrating solely on the amounts of money spent, and the development of performance indicators to assess programmes should be encouraged.

Amendment 4
Article 3, paragraph 1, point (d)

fight against harmful practises such as female genital mutilation;

fight against ***sexual violence and abuse and against*** harmful practises such as female genital mutilation;

Justification

This aspect is mentioned in the recitals and should be included here.

Amendment 5
Article 7, paragraph 3

*The necessary measures shall be taken to **emphasise** the Community character of aid provided under this Regulation.*

*The necessary measures shall be taken to **make public and promote** the Community character of aid provided under this Regulation.*

Justification

It is fair that the citizens of the Community, and those of the countries to which this programme is directed, should be aware of how Community funds are used.

Amendment 6
Article 13, paragraph 2

Where reference is made to this paragraph, the ***management procedure*** laid down in ***Article 4*** of Decision 1999/468/EC shall apply, in compliance with Article 7 and Article 8 thereof.

Where reference is made to this paragraph, the ***advisory procedure*** laid down in ***Article 3*** of Decision 1999/468/EC shall apply, in compliance with Article 7 and Article 8 thereof.

Justification

The draftsman considers that the legislative text should comply with the traditional approach of the Budgets Committee as regards comitology. The member states are fully consulted also under the advisory procedure but the Commission has a stronger position as regards final project

selection.

Amendment 7
Article 13, paragraph 3

The period provided for in Article 4, paragraph 3, of Decision 1999/468/EC shall be set at 45 days. ***Delete***

Justification

This paragraph does not apply in the advisory procedure suggested and should therefore be deleted.

Amendment 8
Article 14, paragraph 1

After each budget year, the Commission shall submit in its annual report on EC development policy to the European Parliament and to the Council, information on the operations financed in the course of that year and the Commission's conclusions on the implementation of this Regulation over the previous budget year. The summary shall in particular provide information about the strengths and weaknesses of operations, those with whom contracts have been concluded as well as the results of any independent evaluations of specific operations.

After each budget year, the Commission shall submit in its annual report on EC development policy to the European Parliament and to the Council, information on the operations financed in the course of that year and the Commission's conclusions on the implementation of this Regulation over the previous budget year. The summary shall in particular provide information about the strengths and weaknesses of operations, those with whom contracts have been concluded ***and the sums of those contracts***, as well as the results of any independent evaluations of specific operations.

Justification

It is more transparent to also specify the amounts of the signed contracts.

Amendment 9
Article 14, paragraph 2

One year before the expiry of this Regulation, the Commission shall submit an independent appraisal report on the implementation of this Regulation to the European Parliament and the Council with a view to establishing whether its objectives have been achieved and providing guidelines for improving the effectiveness of future operations. On the basis of this appraisal report the Commission may make proposals for the future of this Regulation and, if necessary, proposals for its amendment.

One year and a half before the expiry of this Regulation, the Commission shall submit an independent appraisal report on the implementation of this Regulation to the European Parliament and the Council with a view to establishing whether its objectives have been achieved and providing guidelines for improving the effectiveness of future Operations. On the basis of this appraisal report the Commission may make proposals for the future of this Regulation and, if necessary, proposals for its amendment.

Justification

In the case of extension or modification of this program, 18 months would be necessary to adopt the new program, under the codecision procedure.

16 September 2002

OPINION OF THE COMMITTEE ON WOMEN'S RIGHTS AND EQUAL OPPORTUNITIES

for the Committee on Development and Cooperation

on the proposal for a European Parliament and Council regulation on aid for policies and actions on reproductive and sexual health and rights in developing countries
(COM(2002) 120 – C5-0114/2002 – 2002/0052(COD))

Draftswoman: Amalia Sartori

PROCEDURE

The Committee on Women's Rights and Equal Opportunities appointed Amalia Sartori draftswoman at its meeting of 18 April 2002.

It considered the draft opinion at its meetings of 9 July 2002 and 9 September 2002.

At the latter meeting it adopted the following amendments unanimously.

The following were present for the vote: Anna Karamanou, chair; Evans, vice-chair; Amalia Sartori, draftswoman; Regina Bastos, Marielle de Sarnez, Lone Dybkjær, Fiorella Ghilardotti, Lissy Gröner, Christa Kläß, Rodi Kratsa-Tsagaropoulou, Thomas Mann, Maria Martens, Christa Prets, Miet Smet, Patsy Sörensen, María Izquierdo Rojo, (for Elena Valenciano Martínez-Orozco), Francesco Fiori, (for James L.C. Provan, pursuant to Rule 153(2)), Jas Gawronski, (for Astrid Lulling, pursuant to Rule 153(2)) and Stefano Zappalà, (for Robert Goodwill, pursuant to Rule 153(2)).

SHORT JUSTIFICATION

At the latest FAO world food summit held in Rome on 10 and 11 June 2002, the West noted the extremely serious situation summarised below:

- the external debt of all developing countries was US \$2442.1 billion in 2001;
- 24 000 people in the world die of hunger every day;
- 815 million people in the world are suffering from serious malnutrition;
- 6.6 million children die of malnutrition every year.

- 40 million people in the developing countries are suffering from HIV/AIDS;
- 16 million are expected to die over the next 20 years;
- 2 billion people do not have access to medicines;
- more than 10 million children die in developing countries each year from diseases that can be treated.

It is against this background that we have to analyse the new proposal for a European Parliament and Council directive on aid for policies and actions on reproductive and sexual health and rights in developing countries.

As the 1997 Council Regulation (EC) No 1484/97 on aid for population programmes and policies in developing countries is due to expire on 31 December 2002, this proposal aims to continue and reinforce the Cairo action plan. The measure will be coordinated with other policies implemented at international, national and regional level to tackle the problems highlighted in 1994 at the Cairo Conference, particularly with regard to reproductive and sexual health.

In its development cooperation and aid policy, Europe aims to help alleviate poverty and support economic and social growth; it is important to draw attention to the extent to which sexual and reproductive health-related matters are key elements and priorities in this context. Consequently, aid programmes in this specific sector should be stepped up with the goal of achieving an acceptable level of services available to all citizens by 2015.

Even today it is estimated that in developing countries female mortality linked to pregnancy and childbirth is 33 times higher than in the industrialised nations. Every year 515 000 women die during pregnancy or childbirth. The ten countries with the highest risks are: Ethiopia, Angola, Chad, Afghanistan, the Central African Republic, Mali, Nigeria, Congo, Sierra Leone and Lesotho.

We therefore consider that the adoption of this regulation should be accompanied by a Commission recommendation drawing attention once again to the need to:

- accompany these policies with a literacy programme promoting education, training, knowledge, culture, and including information services on communicable diseases, hygiene, health and human rights;
- combat all forms of fundamentalism that interfere with the policies that underpin our programmes;
- guarantee access to health services, including high-quality mobile counselling and treatment units;

- step up the fight against AIDS by lay and religious personnel, through a policy designed to protect women and children in particular;
- not tolerate the continuation of practices such as genital mutilation that violate human dignity and personal integrity, of women in particular.

The European Parliament, the Council and the Commission should also require strict observance of human rights, in particular the dignity and rights of women and children, in all trade, cooperation or aid agreements with developing countries and demand the implementation of policies of gender equality and mainstreaming, as a precondition for the signature of such agreements.

In conclusion, this proposal for a regulation must be examined within the framework of a much greater determination to tackle the serious problems of poverty, illiteracy, mortality and the difficulty of ensuring maternal health.

We are convinced that is only through information and overcoming the poverty threshold that women can have any hope of improving their quality of life, particularly during pregnancy and childbirth.

AMENDMENTS

The Committee on Women's Rights and Equal Opportunities calls on the Committee on Development and Cooperation, as the committee responsible, to incorporate the following amendments in its report:

Text proposed by the Commission¹

Amendments by Parliament

Amendment 1 Recital 1

(1) The European Community is deeply concerned by the reproductive and sexual health conditions of women and men aged 15 to 49 in developing countries. High maternal mortality and morbidity rates *and* the lack of a full range of safe and reliable reproductive and sexual health services undermine all efforts to increase economic development, *expand opportunities and safeguard livelihoods* in developing countries,

(1) The European Community is deeply concerned by the reproductive and sexual health conditions of women and men, *in particular those* aged 15 to 49, in developing countries. High maternal mortality and morbidity rates and the lack of a full range of safe and reliable reproductive and sexual health services undermine all efforts to increase *social and* economic development,

¹ OJ C

Justification

Reference should be made to the Community's efforts to boost both economic and social development in developing countries.

Amendment 2

Recital 2

(2) Individual freedom of choice for women, men and adolescents through adequate access to information and services in matters concerning their reproductive and sexual health and rights is a significant element of progress and development,

Education, information and access to health services in matters concerning reproductive and sexual health and rights **are** a significant element of progress and development and give **women, men and adolescents individual freedom of choice**,

Justification

This amendment seeks to improve the wording of the text of this recital and include education as one of the key elements in achieving progress and development.

Amendment 3

Recital 6

(6) The Community and its Member States **have contributed** greatly to the wider effort to support policies and programmes on reproductive and sexual health and rights in developing countries **and should continue to play a leading role in this area**,

The Community and its Member States **will continue to contribute** greatly to the wider effort to support policies and programmes on reproductive and sexual health and rights in developing countries, **but will incorporate such policies more rigorously in the more general programme to combat poverty and promote information**,

Justification

It should be pointed out that in the future the Community should make a greater commitment to supporting policies and programmes on sexual and reproductive health and rights.

Amendment 4
Recital 8 a (new)

(8a) The ICPD sets the goal to make accessible, through the primary health care system, sexual and reproductive health services to all individuals as soon as possible and no later than the year 2015,

Justification

In keeping with the content and terminology agreed in the action plan adopted at the International Conference on Population and Development held in Cairo in 1994, no-one's right to benefit from sexual and reproductive health services should be restricted on grounds of age.

Amendment 5
Article 2, point (c) a (new)

(ca) prevent sexually transmitted diseases, including HIV/AIDS.

Justification

Prevention of HIV/AIDS and other sexually transmitted diseases is a key element of the Cairo action plan adopted at the ICPD and is an integral part of sexual and reproductive health. It is therefore necessary to bring prevention of these diseases within the scope of the Regulation.

Amendment 6
Article 3, paragraph 1, point (b)

(b) ensure that poor people have better access to quality reproductive and sexual health services, offering them, in particular, contraceptive choice and the prevention and diagnosis of sexually transmitted infection;

(b) ***expand and*** ensure that poor people have better access to quality ***and affordable*** reproductive and sexual health services, offering them, in particular, contraceptive choice and the prevention and diagnosis of sexually transmitted infection;

Justification

Expanding these services will permit broader public access to them. Also, without 'affordable' reproductive and sexual health services, this provision would be senseless.

Amendment 7

Article 3, paragraph 1, point (c)

(c) **provide adolescents** with the necessary information, services and skills to protect their reproductive and sexual health and avoid unwanted pregnancies;

(c) **ensure that adolescents, particularly the most marginalised, have access to adequate sex education and provide them with the necessary information on methods for determining fertility, and** services and skills to protect their reproductive and sexual health and avoid unwanted pregnancies;

Justification

The sex education of young people of both sexes, in particular young people from socially disadvantaged groups, should enable them to control their sexual health and avoid early motherhood, with its effects on the health of girls and their children.

Amendment 8

Article 3, paragraph 1, point (c a) (new)

(ca) promote sexuality education programmes that involve youth actively in programme development, implementation and evaluation;

Justification

Participation of adolescents in programme design, implementation and evaluation contributes to the effectiveness of sexuality education programmes.

Amendment 9
Article 3, paragraph 1, point (d)

(d) fight against harmful practises such as ***female genital mutilation***;

(d) fight against harmful practises such as ***genital mutilation of women and girls and support a strategy to combat genital mutilation within the framework of cooperation programmes with the developing countries concerned***;

Justification

Genital mutilation is a violation of the physical and mental integrity of women and girls, as well as a violation of human rights. The European Community should take full account of a strategy to combat genital mutilation in all its development cooperation programmes.

Amendment 10
Article 3, paragraph 1, point (e) a (new)

(ea) fight sexually transmitted diseases, including HIV/AIDS, by putting in place counselling and information services for the populations concerned on infection, transmission mechanisms, and the behaviour that spreads these diseases;

Justification

See justification for the amendment to Article 2, point (c) a (new).

Amendment 11
Article 3, paragraph 1, point (f)

(f) promote comprehensive maternal health programmes, for the provision of ante-natal care and the establishment of a professional body of skilled birth attendants;

(f) promote comprehensive maternal health programmes, for the provision of ante-natal care and the establishment of a professional body of skilled birth attendants ***and other staff to guarantee good-quality post-natal care***;

Justification

Maternal health programmes should also include training covering all the stages of childbirth.

Amendment 12

Article 3, paragraph 1, point (g)

(g) provide emergency obstetric care and post-partum care, with particular attention to the prevention and treatment of haemorrhage, hypertension and infection.

(g) provide **effective** emergency obstetric care and post-partum care **ensuring rapid intervention, suitable treatment and quality follow-up**, with particular attention to the prevention and treatment of haemorrhage, hypertension and infection.

Justification

In the event of obstetric complications, the proper treatment of obstetric emergencies and the quality of care management by health services are very important factors in protecting maternal health.

Amendment 13

Article 4, paragraph 1, point (b)

(b) technical assistance, training or other services;

(b) technical assistance, training, **counselling** or other services;

Justification

It is very important that funding should also be made available for counselling activities.