



**EU development aid:
coercive abortion & sterilisation**
White Paper

World Youth Alliance Europe

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I. Introduction

On 2 June 2012, Chinese provincial authorities forced Feng Jianmei, a woman who was seven months pregnant, to have an abortion because she could not afford the fine imposed on her for having a second child.¹ The forced abortion received international attention and severe criticism from human rights activists around the world.² The European Parliament joined in the condemnation of the forced abortion and of all forced abortions and sterilisations, particularly in light of China's one-child policy. The Parliament passed a resolution on 5 July 2012, '[s]trongly condemn[ing] the decision to force Ms Feng to have an abortion and condemn[ing] the practice of forced abortions and sterilisations globally, especially in the context of the one-child policy.'³ The resolution also '[u]rges the Commission to ensure that its funding of projects does not breach the remarks set out in Section III, Title 21 of the general budget of the European Union for the financial year 2012.'⁴ Title 21 prohibits the funding of organisations that support or participate in coercive reproductive health practices,⁵ as discussed below.

The European Parliament's resolution indicates how strongly the European Union opposes coercive reproductive health practices and policies. Any funding that goes to coercive practices violates the principles of the European Union. Furthermore, any funding to coercive reproductive health programmes under Title 21 directly violates the Title 21 prohibition on funding coercive practices in African, Caribbean and Pacific countries. There is therefore a critical need for the EU to exercise due diligence before allocating any monies to reproductive health programmes. Where there is any concern that EU funds are being used for coercive reproductive health programmes, the EU should conduct a thorough and transparent investigation and amend the budget to strengthen the current prohibitions on coercion in accordance with EU fundamental freedoms.

Any funding that goes to coercive practices violates the principles of the European Union.

¹ John Sudworth, *Chinese officials apologise to woman in forced abortion*, BBC NEWS, June 15, 2012, available at <http://www.bbc.co.uk/news/world-asia-china-18453995>.

² See, e.g., All Girls Allowed, Feng Jianmei, <http://www.allgirlsallowed.org/category/other-tags/feng-jianmei>; Women's Rights without Frontiers, Feng Jianmei, the European Parliament and Forced Abortion: Reggie Littlejohn's Congressional Testimony Today, July 9, 2012, <http://www.womensrightswithoutfrontiers.org/blog/?p=691>; ChinaAid, ChinaAid's Bob Fu Testifies Before U.S. Congress about One-Child Policy and Forced Abortion in China, July 9, 2012, <http://www.chinaaid.org/2012/07/chinaaids-bob-fu-testifies-before-us.html>.

³ See Resolution of 5 July 2012 on the forced abortion scandal in China, EUR. PARL. DOC. P7_TA(2012)0301, available at <http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2012-301> [hereinafter Resolution on forced abortion].

⁴ *Id.*

⁵ Title 21 of Section III (the Commission section) of the 2012 European Union Budget forbids Community assistance for coercive reproductive health practices in African, Caribbean and Pacific states. It states, 'Union assistance should not be given to any authority, organisation or programme which supports or participates in the management of an action which involves such human rights abuses as coercive abortion, involuntary sterilisation or infanticide, especially where such actions apply their priorities through psychological, social, economic or legal pressure, thus finally implementing the specific Cairo International Conference on Population and Development (ICPD) prohibition on coercion or compulsion in sexual and reproductive health matters.' It also calls on the Commission to 'present a report on the implementation of the Union's external assistance covering this programme.' Section III, Title 21, General Budget of the European Union for the financial year 2012, available at <http://eur-lex.europa.eu/budget/data/D2012/EN/SEC03.pdf>.

This paper begins by providing a definition of coercion in the reproductive health context, followed by an overview of coercive reproductive health programmes in China and India. The next section outlines European Union and international law on coercion, with respect to sterilisation in particular. This section highlights Title 21 of Section III of 2012 EU general budget, along with additional relevant budget lines—all of which form the basis for the illegality of funding the coercive reproductive programmes found in many countries. In addition to suggesting that the EU investigate potential links between EU funds and these programmes, this paper calls for the continued development of budget amendments to strengthen prohibitions on coercion. Annexes include the European Parliament resolution on Feng Jianmei, relevant sections of the Commission budget and examples of Commission grants to reproductive health organisations and programmes.

II. Coercive reproductive health programmes

This section begins with a definition of coercion in the reproductive health context. Coercive elements manifest in reproductive health programmes when the free choice of individuals is restricted. Coercion may also be present in more blatant ways in instances where individuals are compelled to undergo reproductive procedures.

A. Definition: Coercion in the reproductive health context

Coercion occurs in the reproductive health context when people undergo procedures, use methods or participate in programmes involuntarily, that is, without exercising free choice, and these procedures, methods or programmes ultimately have the effect of limiting the ability to freely determine the number and spacing of children. Coercion is inherent in certain reproductive health programmes where free choice is curtailed, and is especially evident in instances where individuals are forced to undergo procedures or use certain services (including, but not limited to, forced abortion, forced sterilisation, forced insertion of intrauterine devices and forced use of other contraceptives without consent).

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Coercion may manifest in many different ways in the context of reproductive health practices and policies. One example is a government-imposed policy that limits the number of children a person or couple can have, such as a one-child policy that penalises people who have more than one child. This type of policy leads to involuntary abortion, involuntary sterilisation and, in the most extreme cases, infanticide. Another example is sterilisation that is incentivised through the payment of money or other rewards. People paid to participate in sterilisation programmes often are not informed of the risks and consequences of sterilisation and thus cannot be considered to have given fully informed consent to the procedure. These coercive reproductive health programmes have in common a fundamental bar on the free will of the individual, either through the exercise of forced practices or in any other way that violates the

internationally recognised right of a couple to freely determine the number and spacing of their children.⁶ This is an essential part of the rights to marry and to found a family enumerated in the International Covenant on Civil and Political Rights,⁷ and is further clarified in Principle 8 of the Programme of Action of the International Conference on Population and Development (ICPD),⁸ which, although not a binding legal document, indicates political will on the part of the States Parties to the consensus document. Principle 8 expresses that reproductive health programmes should provide services ‘without any coercion.’⁹

Different forms of coercion are thus apparent in the reproductive health context:

1. **Forced procedures:** Individuals are forced to undergo sterilisation, abortion and other procedures without their explicit consent. In this kind of coercion individuals lack the information or knowledge to give informed consent or are physically forced to undergo these procedures.
2. **Coercion through psychological or economic pressure:** A government, ministry or entity exerts undue influence on individuals through psychological or economic pressure. Psychological pressure is ‘a reasonable fear [that the victim] or a third person will be subjected to violence, detention, duress or psychological oppression.’¹⁰ Section III, Title 21 of the general budget includes a prohibition on funding organisations that support or participate in reproductive health practices that result from psychological and economic pressure.¹¹ The promotion of family planning through incentive payments to people who may be unduly influenced by the payments to undergo procedures or use services that they would not otherwise have chosen is coercive because it uses economic pressure.
3. **Coercion through social or legal pressure:** A person or entity in a position of power exerts undue influence on someone by means of preventing his access to knowledge on reproductive health matters.¹²

⁶ See Convention on the Elimination of All Forms of Discrimination against Women art. 16(1)(e), *opened for signature* Dec. 18, 1979, 1249 U.N.T.S. 13 [hereinafter CEDAW].

⁷ See International Covenant on Civil and Political Rights art. 23(2), *opened for signature* Dec. 19, 1966, 999 U.N.T.S. 171.

⁸ See International Conference on Population and Development, Sept. 5–13, 1994, *Report of the International Conference on Population and Development*, Ch. I, Res. 1, Annex, Principle 8, U.N. Doc.

A/CONF.171/13/Rev.1 (Oct. 18, 1994) (‘All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.’).

⁹ *Id.*

¹⁰ Prosecutor v. Furundžija, Case No. IT-95-17/1-T, Judgement, ¶ 180 (Dec. 10, 1998), International Tribunal for the Prosecution of Persons Responsible for Serious Violations of International Humanitarian Law Committed in the Territory of the Former Yugoslavia since 1991.

¹¹ See Section III, Title 21, General Budget of the European Union for the financial year 2012.

¹² This was at issue in *V.C. v. Slovakia*, in which the European Court of Human Rights found that ‘[t]he way in which the hospital staff acted [toward a patient] was paternalistic, since, in practice, the applicant was not offered any option but to agree to the procedure which the doctors considered appropriate in view of her situation.’ *V.C. v. Slovakia*, ¶ 114, <http://www.echr.coe.int/eng>.

B. Overview of coercive reproductive health programmes

The following account of two well-known instances of coercive reproductive health programmes highlights the potential correlation between reproductive health programmes and coercive practices. Both China and India receive funding from the EU in the form of grants related to the Seventh Framework Programme, which is the EU's main instrument for funding research in Europe for the years 2007-2013,¹³ through direct budget support to the governments of each country, or through support to international NGOs. Although there is no evidence that the EU budget directly funds coercive reproductive health programmes, there is a possibility that EU funds may be supporting coercive reproductive health initiatives in these countries given widespread evidence of coercive practices, including the promotion of a small family norm, in China and India.¹⁴ The EU must determine that no EU money is spent on programmes that would be illegal in the EU or under international law.

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1. China

With a population of 1.37 billion, China is the most populated country in the world.¹⁵ The Chinese population has nearly tripled since 1949.¹⁶ China initiated its controversial 'one-child policy' in the latter part of the 1970s, believing that it would decrease population growth and ensure sufficient food supply and economic growth.¹⁷ The policy restricts Chinese couples, particularly those residing in urban areas, to having only one child.¹⁸ The implementation of the policy 'depends on virtually universal access to contraception and abortion' and it is

¹³ European Commission, What is FP7?, http://cordis.europa.eu/fp7/faq_en.html#1 (last visited Sept. 19, 2012).

¹⁴ In an answer to Parliamentary Questions, the Commission states that 'no sexual and reproductive health services are supported using Development Cooperation Instrument (DCI) funds in any of the Chinese provinces.' See Question for written answer by Konrad Szymanski (ECR) and Martin Kastler (PPE) to the Commission, *Funds from the Development and Cooperation Instrument and abortion, sterilisation and infanticide in the Chinese provinces*, E-005234/12, 23 May 2012. Although there is no current funding directly benefitting sexual and reproductive health services in China, there remains a need for continued investigation given their history of coercive practices. With regard to India, the Commission states that 'as per Government of India's policy today and confirmation from the Ministry of Health and Family Welfare, there are neither coercive family planning schemes nor targets for sterilization.' See Question for written answer by Konrad Szymanski (ECR) and Martin Kastler (PPE) to the Commission, *Funds from the EU budget and sterilisation targets in India*, E-005235/12, 23 May 2012. Again, although the Ministry of Health and Family Welfare in India states that there is no ongoing coercion, continued investigation should be conducted in order to investigate conflicting information regarding current coercive practices from other government and media sources.

¹⁵ China Today, China Population Statistics and Related Information, <http://www.chinatoday.com/data/china.population.htm> (last visited Sept. 19, 2012).

¹⁶ *Id.*

¹⁷ MARA HVISTENDAHL, UNNATURAL SELECTION: CHOOSING BOYS OVER GIRLS, AND THE CONSEQUENCES OF A WORLD FULL OF MEN 21 (2011).

¹⁸ Therese Hesketh, Li Lu, & Zhu Wei Xing, *The Effect of China's One-Child Family Policy After 25 Years*, 353 NEW ENG. J. MED. 1171, 1171 (Sept. 2005).

estimated that it has prevented about 400 million births between 1979 and 2011.¹⁹

The Chinese reproductive health programme is coercive in that it fundamentally denies freedom of choice. The one-child policy ‘is underpinned by a system of rewards and penalties, which are largely meted out at the discretion of local officials.’²⁰ Non-compliance with the policy results in punishments such as fines, loss of benefits, more expensive obstetric care and even the loss of employment for government workers.²¹ The policy has the coercive effect of compelling couples to turn to both contraception and abortion, especially in the face of economic and social penalties.²² The coercive effect of the one-child policy is aggravated by the ensuing social preference for boys.²³ Many women and men who discover that the sex of the foetus is female choose to abort in order to ensure that their one child will be a boy.²⁴

The one-child policy results in such human rights violations as induced labour for ‘out-of-plan’ pregnancies and pregnancies that do not conform with China’s policy or do not produce a desirable male child.²⁵ Induced labour is

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intended to produce a dead child, but doctors in China grapple with the situation in which the baby is born alive.²⁶ Evidence of forced abortion, forced sterilisation and infanticide in China is well-documented.²⁷ EU funds, collected from countries and citizens who agree to respect and promote human rights, must not be granted to organisations that are involved in practices violating these rights.

2. India

India’s population grew significantly, accompanied by a sharp decline in mortality, in the second half of the twentieth century.²⁸ The population surpassed the 1 billion mark at the end

¹⁹ *Id.*

²⁰ *Id.*

²¹ W. X. Zhu, 2003, *The One Child Family Policy*, 88 ARCH. OF DISEASE IN CHILDHOOD 463 (2003).

²² Chinese couples lack a corresponding freedom of choice over which form of contraceptive they use. 80 percent of Chinese women say they do not even have a choice of method of contraception. Hesketh, Lu, & Xing, *supra* note 18.

²³ See, e.g., Shuzhuo Li, *Imbalanced Sex Ratio at Birth and Comprehensive Intervention in China*, 4th Asia Pacific Conference on Reproductive and Sexual Health and Rights (2007). See also HVISTENDAHL, *supra* note 17.

²⁴ *Id.*

²⁵ ChinaAid & Women’s Rights Without Frontiers, China: Best Practices—Infanticide, ‘What if the infant is still alive after induced labor?’ Hearing Before the U.S. Congressional Tom Lantos Human Rights Commission (Nov. 10, 2009), available at <http://www.pearlsofchina-thefilm.com/Infanticide.pdf>.

²⁶ See *id.*

²⁷ See ChinaAid & Women’s Rights Without Frontiers, New Evidence Regarding China’s One-Child Policy, Forced Abortion, Involuntary Sterilization, Infanticide and Coercive Family Planning, Hearing Before the U.S. Congressional Tom Lantos Human Rights Commission (Nov. 10, 2009), available at <http://www.pearlsofchina-thefilm.com/littlejohn1.pdf>.

²⁸ See, e.g., Population of India (1951-2001), available at <http://indiabudget.nic.in/es2006-07/chapt2007/tab97.pdf>.

of the century,²⁹ and at 1.21 billion people India is now the second-most populated country in the world.³⁰ India is expected to have the world's largest population by 2025.³¹ In the face of the perceived challenges associated with population growth, India reformulated its National Population Policy in 2000 with the goal of achieving long-term population stabilisation by 2045.³² The Indian government argues that stabilising the population is 'an essential requirement for promoting sustainable development with more equitable distribution.'³³ Although the government purports to be committed to the 'voluntary and informed choice and consent of citizens' for family planning and reproductive health services,³⁴ India has continually implemented coercive programmes. The sterilisation camps, initiated under the direction of Prime Minister Indira Gandhi in 1975,³⁵ serve as a striking example of coercive practices. In these camps, rural Indians were often paid and sometimes forced to undergo vasectomies, leading to the sterilisation of more than 6 million people within one year.³⁶ Currently, the people of India are offered financial incentives to be sterilised,³⁷ which indicates the absence of informed consent and an overarching disregard for the internationally recognised right to determine the number and spacing of one's children.

India's common practices of prenatal sex-selection in favour of male children³⁸ and mass sterilisation³⁹ are well-known. One of the objectives of the National Rural Health Mission, a government agency, is 'population stabilization, gender and demographic balance.'⁴⁰ Various government programmes provide incentives for sterilisation, which raises the question of how freely patients' informed consent is given. Programmes include Jansankhya Sthirata Kosh (National Population Stabilisation Fund), through which the Ministry of Health provides flat nationwide payments for people who decide to undergo sterilisation.⁴¹ The Prerna (responsible parenthood) programme provides financial incentives to young couples in

²⁹ *See id.*

³⁰ Census of India, <http://www.censusindia.gov.in> (last visited Sept. 19, 2012).

³¹ *See, e.g., India's population to surpass China's by 2025*, THE HINDU (Apr. 16, 2011), available at <http://www.thehindu.com/news/national/article1701790.ece>.

³² United Nations Population Fund – India, *Population Development*, available at <http://india.unfpa.org/drive/PopulationandDevelopment.pdf>.

³³ United Nations Economic and Social Commission for Asia and the Pacific, *India: National Population Policy*, available at http://www.unescap.org/esid/psis/population/database/poplaws/law_india/india1.htm.

³⁴ National Commission on Population (Government of India), National Population Policy 2000 – Introduction, http://populationcommission.nic.in/npp_intro.htm (last visited Sept. 19, 2012).

³⁵ HVISTENDAHL, *supra* note 17, at 87–88.

³⁶ *Id.* at 88.

³⁷ *See Jim Yardley, India Tries Using Cash Bonuses to Slow Birthrates*, N.Y. TIMES, Aug. 21, 2010, available at <http://www.nytimes.com/2010/08/22/world/asia/22india.html>; Apurva, *In Rajasthan, get sterilised, grab a chance to win Nano*, INDIAN EXPRESS, July 2, 2010, available at <http://www.indianexpress.com/news/in-rajasthan-get-sterilised-grab-a-chance/811766/>.

³⁸ *See, e.g., The Worldwide War on Baby Girls*, THE ECONOMIST, Mar. 4, 2010, available at <http://www.economist.com/node/15636231>.

³⁹ *See, e.g., In Rajasthan, get sterilised, grab a chance to win Nano*, INDIAN EXPRESS, Jul. 2, 2011, available at <http://www.indianexpress.com/news/in-rajasthan-get-sterilised-grab-a-chance/811766/>; *Rajasthan men being duped into sterilisation: NGOs*, THAIANDIAN NEWS, Mar. 10, 2011, available at http://www.thaindian.com/newsportal/uncategorized/rajasthan-men-being-duped-into-sterilisation-ngos_100512480.html.

⁴⁰ NRHM Objectives, <http://chcuputhara.wordpress.com/2011/12/04/nrhm-objectives/> (last visited Sept. 19, 2012).

⁴¹ *See Jansankhya Sthirata Kosh (National Population Stabilisation Fund), Revised Rates of Contraception*, http://jsk.gov.in/revised_contraception.asp (last visited Sept. 19, 2012).

exchange for delaying and spacing their children and undergoing sterilisation.⁴² The Santushti programme aims to give public-private partnerships a powerful incentive for performing more sterilisations on a larger scale.⁴³ The programme description reads: ‘JSK’s modification allows the accredited facility to receive an advance of Rs. 15,000 as a startup, as soon as it enters into a prescribed Memorandum of Understanding (MOU). This makes adopting the scheme more attractive for private facilities.’⁴⁴ It rewards them for achieving a certain number of sterilisations in a certain period.⁴⁵ It also incentivises the performance of mass (thirty or more) sterilisations at each sterilisation camp on a pre-determined day by compensating more for each patient treated on such a day.⁴⁶ There is clear evidence of coercive sterilisation in India. The EU must ensure that it does not contribute in any way to the funding of coercive reproductive health programmes in India.

C. Consequences of coercive reproductive health programmes

Many cultures evince a longstanding preference for male children. In these cultures, coercive reproductive health programmes amplify the problems of such a preference, and result in

The detrimental effects of coercive reproductive health programmes, namely skewed sex ratios and discrimination against women, underscore the urgency of a review of EU funding practices.

increased discrimination of women in contravention of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)⁴⁷ and the specific prenatal sex selection paragraph of the Beijing Platform for Action, the

consensus document produced at the Fourth World Conference on Women in 1995.⁴⁸ The natural birth ratio of boys to girls lies at approximately 105 males for every 100 females.⁴⁹ However, some countries have exceptionally strong distorted sex ratios, not only in Asia⁵⁰ but also in Europe. For example, in Council of Europe countries Albania, Armenia and Azerbaijan, boys outnumber girls 112 to 100, and in Georgia the ratio is 111 boys to 100

⁴² See Prerna, <http://jsk.gov.in/Prerna.pdf> (last visited Sept. 19, 2012). The criteria are: (1) ‘The girl should have been married after 19 years of age (Reward of Rs.5000) and given birth to the first child after she is 21 years old (Reward of Rs.7000 if it’s a girl child &Rs 5000 if it’s a boy).’ (2) ‘A 36 month gap between first and second child and one parent getting sterilized after the second child is born (Reward of Rs.7000 if it’s a girl child &Rs 5000 if it’s a boy).’

⁴³ See Santushti, <http://jsk.gov.in/Santushti.pdf> (last visited Sept. 19, 2012).

⁴⁴ *Id.*

⁴⁵ *See id.*

⁴⁶ *See id.*

⁴⁷ See CEDAW, *supra* note 6, art. 2.

⁴⁸ Fourth World Conference on Women, Sept. 4–15, 1995, *Report of the Fourth World Conference on Women*, Ch. I, Res. 1, Annex II, ¶¶ 38–39, U.N. Doc. A/CONF.177/20/Rev.1 (1996) (‘In a number of countries, the practice of prenatal sex selection [. . .] suggest[s] that son preference is curtailing the access of girl children to [. . .] even life itself. Discrimination against women begins at the earliest stages of life and must therefore be addressed from then onwards.’).

⁴⁹ Rapporteur Doris Stump, *Prenatal sex selection*, Committee on Equal Opportunities for Women and Men, Parliamentary Assembly, Council of Europe (Sept. 16, 2011).

⁵⁰ For example, the one-child policy in China had severe effects on the sex-ratios of newborn babies in China. The sex ratio was close to normal levels in 1953. However, after the implementation of the one-child policy in 1978, the sex ratio became increasingly skewed, reaching its worst in 2005 with 120 boys born for every 100 girls. In some areas this ratio increased to 152 boys for every 100 girls. See HVISTENDAHL, *supra* note 17, at 19.

girls.⁵¹ These skewed ratios are the result of sex selection and are often triggered by the son preference and gender inequality that are deeply rooted in these societies.⁵² Women are compelled to have fewer children, and son preference often culminates in the abortion, infanticide and abandonment of females, in addition to the prevalence of sterilisation. There are myriad wide-ranging implications for women themselves that are associated with a culture of sex selection, ranging from sex trafficking and bride buying to forced marriage.⁵³ A joint United Nations agency report acknowledged that a culture of son preference leads to ‘national laws and policies [that contribute] to the subordinate position of women both in private where they are economically dependent upon men and publicly where they have little or no decision-making power and are seen as a burden.’⁵⁴ The detrimental effects of coercive reproductive health programmes, namely skewed sex ratios and discrimination against women, underscore the urgency of a review of EU funding practices.

III. Coercion in European and international law

The European Parliament resolution condemning the forced abortion performed on Feng Jianmei demonstrates that coercion in reproductive health is not tolerated by the European Union. This section examines specific provisions of the European Union budget and shows how the funding of coercive practices would contravene the budget. It also examines the provisions within EU and international law that prohibit coercion in its many incarnations in the context of reproductive health. It also highlights guidelines on informed consent by various international organisations.

A. The European Union budget

Section III of the general EU budget contains an explicit prohibition against funding coercive practices in Title 21,⁵⁵ a prohibition that is explicitly recalled in the European Parliament resolution on Feng Jianmei.⁵⁶ On October 20, 2010, the European Parliament voted on the 2011 EU general budget.⁵⁷ A majority of Members of the European Parliament (MEPs) voted in favour of an amendment that prohibits the provision of assistance to organisations supporting or involved in any coercive reproductive health practices, such as forced abortion and involuntary sterilisation. This prohibition is included in the 2012 general budget,⁵⁸ in addition to the 2013 draft budget.⁵⁹ This means that development programmes, NGOs or governments involved in such practices should not receive funding or support from the EU Community.

⁵¹ *Id.*

⁵² *See id.*

⁵³ OHCHR ET AL., PREVENTING GENDER-BIASED SEX SELECTION 5 (2011), available at http://whqlibdoc.who.int/publications/2011/9789241501460_eng.pdf.

⁵⁴ *Id.* at 13.

⁵⁵ *See* Section III, Title 21, General Budget of the European Union for the financial year 2012.

⁵⁶ *See* Resolution on forced abortion, *supra* note 3.

⁵⁷ European Parliament, Agenda, Wednesday 20 October 2010, <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-%2f%2fEP%2f%2fTEXT%2bAGENDA%2b20101020%2bSIT%2bDOC%2bXML%2bV0%2f%2fEN>.

⁵⁸ *See* Section III, Title 21, General Budget of the European Union for the financial year 2012.

⁵⁹ *See* Section III, Title 21, Draft General Budget of the European Union for the financial year 2013, available at eur-lex.europa.eu/budget/data/DB2013/EN/SEC03.pdf.

The amendment to Title 21 states:

Community assistance should not be given to any authority, organisation or programme which supports or participates in the management of an action which involves such human rights abuses as coercive abortion, involuntary sterilisation or infanticide, especially where such actions apply their priorities through psychological, social, economic or legal pressure, thus finally implementing the specific Cairo International Conference on Population and Development (ICPD) prohibition on coercion or compulsion in sexual and reproductive health matters. The Commission should present a report on the implementation of the EU's external assistance covering this programme.⁶⁰

Title 21 of Section III of the general budget is focused on aid for African, Caribbean and Pacific (ACP) countries.⁶¹ Funding under Title 21 also goes to countries outside the ACP region, such as Cambodia and Vietnam.

In addition to the Title 21 prohibition on EU funding for organisations that violate human rights, the 2012 EU budget has other provisions that address coercive reproductive health programmes, including budget lines 18.03.03, 18.03.04, 19.04.01, 19.10.02 and 33.02.05 (former budget line 18.03.07).⁶² These funding lines articulate the EU's commitments in the

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areas of refugee protection, violence reduction and cooperation with developing countries. They include 'support for persons in need of protection, such as [. . .] torture victims, including victims of forced abortion, female genital mutilation or coerced sterilisation and rape victims.'⁶³ If the EU is to adhere to these commitments, it cannot simultaneously engage in the funding of coercive programmes. The funding of coercive programmes would be fundamentally contradictory to the obligations enshrined in these budget lines.

Title 21 intends to prevent the funding of coercive reproductive health programmes, and additional budget lines dealing with coercion in reproductive health reflect the same intention to address concerns related to coercion. For the EU to remain the world's biggest aid donor⁶⁴ and at the same time a great advocate of human rights and fundamental freedoms, it must suspend and investigate any programmes or organisations receiving EU funding that might be involved in coercive reproductive health programmes, as the European Parliament calls it to do in its resolution on forced abortion.⁶⁵

B. European Union law

⁶⁰ Section III, Title 21, General Budget of the European Union for the financial year 2012.

⁶¹ *Id.*

⁶² See Annex 2 *infra*.

⁶³ Section III, Title 18.03.03, General Budget of the European Union for the financial year 2012.

⁶⁴ 'More than half the money spent to help poor countries comes from the European Union and its member states, making it the world's biggest aid donor.' Development and Cooperation, Europa, <http://europa.eu/pol/dev/> (last visited Sept. 19, 2012).

⁶⁵ Resolution on forced abortion, *supra* note 3.

Freedom is a fundamental principle of the EU.⁶⁶ Policies aimed at the improvement of the population's well-being require 'the free and informed consent' of any concerned individual.⁶⁷ The culture of son preference and the mainstreaming of a one- or two-child policy are contrary to the principle of consent and thus to the very foundations of the EU. The EU fosters a culture in which couples can decide freely the number and spacing of their children and in which discrimination against women is not tolerated.⁶⁸ Therefore, when the EU funds coercive practices, it acts in violation of its fundamental principles and of human rights.

The EU has strict standards regarding the promotion of human rights and fundamental freedoms. The Lisbon Treaty states that the EU shall 'work for a high degree of

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cooperation in all fields of international relations, in order to [. . .] consolidate and support [. . .] human rights and the principles of international law.'⁶⁹ Therefore, all programmes that the EU supports should comply with international human rights law. In fact, Article 21 of the Treaty of Lisbon states the EU's desire to form relationships with regional and global organisations that share the principles of 'democracy, the rule of law, the universality and indivisibility of human rights and fundamental freedoms, respect for human dignity, the principles of equality and solidarity, and respect for the principles of the United Nations Charter and international law.'⁷⁰ This precludes cooperation with government programmes that involve coercion in the area of reproductive health.

The EU also has certain standards for its external action, specifically for humanitarian aid.⁷¹ Humanitarian aid operations should be carried out in compliance with the principles of international law and also with the principles of non-discrimination, impartiality and neutrality.⁷² The Lisbon Treaty sets high standards for external aid,⁷³ due to the rich European history of upholding and promoting human rights.⁷⁴

⁶⁶ The preamble of the Charter of Fundamental Rights of the European Union states, 'Conscious of its spiritual and moral heritage, the Union is founded on the indivisible, universal values of human dignity, freedom, equality and solidarity; it is based on the principles of democracy and the rule of law. It places the individual at the heart of its activities, by establishing the citizenship of the Union and by creating an area of freedom, security and justice.' Charter of Fundamental Rights of the European Union art. 3.1., Dec. 7, 2000.

⁶⁷ *Id.* art. 3.2(a).

⁶⁸ *See, e.g.*, Europa, Equality between men and women, http://europa.eu/legislation_summaries/employment_and_social_policy/equality_between_men_and_women/index_en.htm (last visited Sept. 19, 2012); Europa, EU guidelines on violence against women and girls, http://europa.eu/legislation_summaries/human_rights/human_rights_in_third_countries/dh0003_en.htm (last visited Sept. 19, 2012).

⁶⁹ Treaty of Lisbon Amending the Treaty on European Union and the Treaty Establishing the European Community art. 21.2, Dec. 13, 2007, 2007 O.J. (C 306).

⁷⁰ *Id.* art. 21.1.

⁷¹ *Id.* art. 214.

⁷² *Id.* art. 214.2.

⁷³ Several provisions of the Lisbon Treaty intend to strike a balance between aid and human rights. *See, e.g., id.* arts. 107–09.

⁷⁴ Paragraph 5 of the European Convention on Human Rights affirms that the 'like-minded' governments of European countries 'have a common heritage of political traditions, ideals, freedom and the rule of law, to take the first steps for the collective enforcement of certain of the Rights stated in the Universal Declaration.'

EU law specifically guarantees the protection of women who undergo sterilisation.⁷⁵ Hence, sterilisation practices and programmes in the EU that do not meet EU standards are in violation of EU law. The EU funds programmes abroad that may not meet the stringent standards set for EU Member States. This sets a double standard; the EU is willing to fund international programmes that would be impermissible within the EU's borders.

C. European Convention on Human Rights

In *V.C. v. Slovakia*, the European Court of Human Rights, which has jurisdiction over the 47 Member States of the Council of Europe, found that the sterilisation of a Slovakian woman of Roma descent violated several provisions of the European Convention on Human Rights because she did not give her informed consent to the procedure.⁷⁶ Informed consent, according to the court, 'promot[es] autonomy of moral choice for patients.'⁷⁷ The sterilisation violated Article 3, which guarantees that 'no one shall be subjected to torture or to inhuman or degrading treatment or punishment,' due to her experiencing prolonged suffering.⁷⁸ Slovakia also violated its positive obligations to provide legal safeguards to protect the patient's reproductive health under Article 8, which provides for 'the right to respect for [everyone's] private and family life, his home and his correspondence' and that 'there shall be no interference by a public authority with the exercise of this right.' Such absence of safeguards in this case 'resulted in a failure by the respondent State to comply with its positive obligation to secure to her a sufficient measure of protection enabling her to effectively enjoy her right to respect for her private and family life.' Although the court did not address Article 12, it is likely that any coercive sterilisation also violates 'the right to marry and to found a family.'⁷⁹

The European Convention on Human Rights and Biomedicine, drafted by the Council of Europe and signed by a majority of Member States of the European Union,⁸⁰ provides guidance on informed consent.⁸¹ Article 1 provides,

Parties to this Convention shall protect the dignity and identity of all human beings and guarantee everyone, without discrimination, respect for their integrity and other rights and fundamental freedoms with regard to the

Convention for the Protection of Human Rights and Fundamental Freedoms ¶ 5, Nov. 4, 1950, 213 U.N.T.S. 262.

⁷⁵ For an excellent overview of EU and international law and guidelines on sterilisation and informed consent, see Written comments submitted jointly by Center for Reproductive Rights, European Disability Forum, International Centre for the Legal Protection of Human Rights (Interights), International Disability Alliance, & Mental Disability Advocacy Center, *Gauer v. France* (Aug. 16, 2011).

⁷⁶ See *V.C. v. Slovakia*, ¶ 117, <http://www.echr.coe.int/eng>.

⁷⁷ *Id.* at ¶ 114.

⁷⁸ *Id.* at ¶ 118.

⁷⁹ See *id.* at ¶¶ 156–61.

⁸⁰ See Council of Europe Treaty Office, Convention for the protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine, CETS No.: 164, Treaty open for signature by the member States, the non-member States which have participated in its elaboration and by the European Union, and for accession by other non-member States, <http://conventions.coe.int/Treaty/Commun/ChercheSig.asp?NT=164&CM=&DF=&CL=ENG> (last visited Sept. 19, 2012).

⁸¹ See Convention for the protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine, *opened for signature* Apr. 4, 1997, C.E.T.S. 164.

application of biology and medicine. Each Party shall take in its internal law the necessary measures to give effect to the provisions of this Convention.⁸²

Article 4 requires that ‘any intervention in the health field, including research, must be carried out in accordance with relevant professional obligations and standards.’⁸³ Article 5 is the key, as it focuses on informed consent:

An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it. This person shall beforehand be given appropriate information as to the purpose and nature of the intervention as well as on its consequences and risks. The person concerned may freely withdraw consent at any time.⁸⁴

D. International law and treaty-monitoring bodies

Coercion related to reproductive health services violates Article 16 of CEDAW, which guarantees women the right ‘to decide freely and responsibly on the number and spacing of their children.’⁸⁵ All 27

Member States of the EU have ratified CEDAW.⁸⁶ The CEDAW Committee, the body charged with monitoring CEDAW, stresses the importance of informed consent for medical procedures,

Coercion related to reproductive health services violates Article 16 of CEDAW, which guarantees women the right ‘to decide freely and responsibly on the number and spacing of their children.’

although it does not have the authority to bind States Parties to its observations and recommendations.⁸⁷ The Committee issued a general recommendation on Article 12 that states, ‘women have a right to be fully informed’ about medical procedures,⁸⁸ and that ‘acceptable services are those which are delivered in a way that ensures that a woman gives her fully informed consent.’⁸⁹ The Committee calls for ‘all health services to be consistent with the human rights of women, including [. . .] informed consent.’⁹⁰

The International Covenant on Civil and Political Rights (ICCPR), signed and ratified by all

⁸² *Id.* art. 1.

⁸³ *Id.* art. 4.

⁸⁴ *Id.* art. 5.

⁸⁵ CEDAW, *supra* note 6, art. 16(1)(e).

⁸⁶ See United Nations Treaty Collection, CEDAW Participants, http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-8&chapter=4&lang=en (last visited Sept. 19, 2012).

⁸⁷ See, e.g., CTR. FOR REPROD. RIGHTS, GAINING GROUND: A TOOL FOR ADVANCING REPRODUCTIVE RIGHTS LAW REFORM 17 (2007), available at http://reproductiverights.org/sites/default/files/documents/pub_bo_GG_advocacy.pdf; OFFICE OF THE UNITED NATIONS HIGH COMMISSIONER FOR HUMAN RIGHTS, THE UNITED NATIONS HUMAN RIGHTS TREATY SYSTEM: AN INTRODUCTION TO THE CORE HUMAN RIGHTS TREATIES AND THE TREATY BODIES, available at <http://www.ohchr.org/Documents/Publications/FactSheet30en.pdf>.

⁸⁸ Committee on the Elimination of Discrimination against Women, *General Recommendation No. 24: Article 12 of the Convention (women and health)*, ¶ 1 (1999).

⁸⁹ *Id.* at ¶ 22.

⁹⁰ *Id.* at ¶ 31(e).

EU Member States,⁹¹ provides in Article 7 that ‘no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.’⁹² The Human Rights Committee, which monitors the ICCPR and also does not issue binding recommendations or interpretations, has expressed concern about forced sterilisation and forced abortion in the context of Article 7.⁹³

Article 7 of the Rome Statute of the International Criminal Court categorizes ‘enforced sterilization’ as a ‘crime against humanity.’⁹⁴ All Member States of the EU are States Parties to the Rome Statute.⁹⁵

E. International guidelines

The following guidelines are not binding on EU Member States; however, they indicate the general understanding that informed consent in health care is critical. All EU Member States are members of the World Health Organisation (WHO).⁹⁶ Although the WHO cannot bind Member States, its Declaration on the Promotion of Patients’ Rights in Europe details appropriate standards for informed consent. Paragraph 2.2 declares,

Patients have the right to be fully informed about their health status, including the medical facts about their condition; about the proposed medical procedures, together with the potential risks and benefits of each procedure; about alternatives to the proposed procedures, including the effect of non-treatment; and about the diagnosis, prognosis and progress of treatment.⁹⁷

Paragraph 2.4 continues, ‘Information must be communicated to the patient in a way appropriate to the latter’s capacity for understanding, minimizing the use of unfamiliar technical terminology.’⁹⁸ Paragraph 3.1 states that informed consent is a ‘prerequisite’ for all medical procedures.⁹⁹

The International Federation of Gynecology and Obstetrics (FIGO), a global organisation of ‘professional societies of obstetricians and gynaecologists,’¹⁰⁰ has formulated guidelines for informed consent. FIGO states that informed choices are ‘based on adequate provision of information and education to the patient regarding the nature, management implications,

⁹¹ See United Nations Treaty Collection, ICCPR Participants, http://treaties.un.org/Pages/ViewDetails.aspx?chapter=4&lang=en&mtmsg_no=IV-3&src=TREATY (last visited Sept. 19, 2012).

⁹² International Covenant on Civil and Political Rights art. 7, *opened for signature* Dec. 19, 1966, 999 U.N.T.S. 171.

⁹³ See Human Rights Committee, *General Comment No. 28: Article 3 (The Equality of Rights Between Men and Women)*, ¶ 11, U.N. Doc. CCPR/C/21/Rev.1/Add.10 (Mar. 29, 2000).

⁹⁴ Rome Statute of the International Criminal Court art. 7, July 17, 1998, 37 I.L.M. 999.

⁹⁵ See ICC, The States Parties to the Rome Statute, <http://www.icc-cpi.int/Menu/ASP/states+parties/> (last visited Sept. 19, 2012).

⁹⁶ See WHO, Countries, <http://www.who.int/countries/en/> (last visited Sept. 19, 2012).

⁹⁷ WHO, Declaration on the Promotion of Patients’ Rights in Europe, ¶ 2.2 (June 28, 1994).

⁹⁸ *Id.* at ¶ 2.4.

⁹⁹ *Id.* at ¶ 3.1.

¹⁰⁰ FIGO, <http://www.figo.org/> (last visited Sept. 19, 2012).

options and outcomes of choices.’¹⁰¹ FIGO also highlights that ‘the obligation to obtain the informed consent of a woman before any medical intervention is undertaken derives from respect for her fundamental human rights.’¹⁰² In sterilisation cases, the guidelines state that ‘an ethical requirement is that performance be preceded by the patient’s informed and freely given consent.’¹⁰³ The guidelines further explain that performance of sterilisation without informed consent ‘is unethical and in violation of human rights.’¹⁰⁴

UNESCO’s Universal Declaration on Bioethics and Human Rights also discusses informed consent. Article 5 states, ‘The autonomy of persons to make decisions, while taking responsibility for those decisions and respecting the autonomy of others, is to be respected. For persons who are not capable of exercising autonomy, special measures are to be taken to protect their rights and interests.’¹⁰⁵ Article 6 states, ‘Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.’¹⁰⁶

IV. Conclusion

As evidenced by EU law, international law and the specific provisions of the EU budget, European support for coercive programmes is strictly prohibited. Despite the wide-ranging prohibitions, a possibility remains that EU development aid funds coercive reproductive health programmes. Such funding may involve grants under Title 21, which has contained an explicit prohibition on the funding of coercive reproductive health programmes since 2011. Any funding of coercive programmes under Title 21 from 2011 on, including ongoing projects that continue to use Title 21 grants received before 2011, violates Title 21’s prohibition. Additional budget lines, and most importantly the fundamental freedoms of the EU, would also be violated should evidence be found linking coercive reproductive programmes to EU funds.

The European Union should foster the development of reproductive health policies and programmes that respect the dignity of the human person and are consistent with internationally recognised human rights. This should entail, at the very least, ensuring that European funds directed to governments, local authorities and NGOs do not support coercive practices. If the small family norm is promoted in developing countries where there are large numbers of people living in poverty and a culture of son preference prevails, individuals will be vulnerable to forced sterilisation and abortion practices. Given the potential for coercive practices to exist in the reproductive health context in these countries, it follows that the EU must ensure that reproductive health programmes benefitting from EU funds are not involved in coercive practices. Until it makes this determination, it is possible that the EU is violating

¹⁰¹ FIGO, Code of Ethics, <http://www.figo.org/Codeofethics> (last visited Sept. 19, 2012).

¹⁰² FIGO Committee for the Study of Ethical Aspects of Human Reproduction and Women’s Health, *Ethical Issues in Obstetrics and Gynecology: Guidelines for Informed Consent*, ¶ 1 (Oct. 2009), available at <http://www.figo.org/files/figo-corp/Ethical%20Issues%20-%20English.pdf>.

¹⁰³ *Id.* at ¶ 2.

¹⁰⁴ *Id.* at ¶ 6.

¹⁰⁵ UNESCO, Universal Declaration on Bioethics and Human Rights art. 5, Oct. 19, 2005.

¹⁰⁶ *Id.* art. 6.

the culture and laws of the Union, in addition to international law. The EU must follow through on the call of the European Parliament to make sure that the remarks in Title 21 of Section III of the general budget are never breached.

In light of the potential connections between EU funds and coercive programmes, the World Youth Alliance, a global coalition of young people promoting the dignity of the human person, calls on Members of the European Parliament to push for (1) a report by the Commission to the EU Parliament investigating any possible links between EU funding for reproductive health programmes and coercive practices in countries where the EU gives aid support and (2) and the creation of additional budget amendments designed to strengthen prohibitions on coercion in support of EU fundamental freedoms.

Annex 1

European Parliament resolution of 5 July 2012 on the forced abortion scandal in China (2012/2712(RSP))

The European Parliament,

- having regard to the reports submitted under the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Optional Protocol thereto, and to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment,
- having regard to the Convention on the Rights of the Child,
- having regard to the International Conference on Population and Development (ICPD) held in Cairo in 1994,
- having regard to China's one-child policy and to China's laws on abortion,
- having regard to Rules 122(5) and 110(4) of its Rules of Procedure,

A. whereas on 2 June 2012 a seven-months-pregnant woman, Feng Jianmei, was abducted and underwent a forced abortion in Zhenping county (Shanxi province), sparking a wave of indignation and condemnation in China and around the world;

B. whereas abortions beyond six months are illegal under Chinese law; whereas the Ankang municipal government conducted an investigation which concluded that officials in Zhenping county had used 'crude means' and 'persuaded' Ms Feng to abort the foetus; whereas the report stated that this decision had violated her rights; whereas the Ankang municipal government has announced punishments for local planning officials involved in the case, including sacking;

C. whereas, according to the investigation, local officials had asked Ms Feng's family for a 'guarantee deposit' of RMB 40 000, which according to her husband was a fine for having a second child; whereas local authorities had no legal grounds for collecting such a deposit; whereas Ms Feng was forced to sign a consent form to terminate her pregnancy because she would not pay the fine, and was kept in the hospital by guards;

D. whereas, as a result of China's one-child policy, illegal sex-selective abortions are widespread, creating an imbalance between the numbers of men and women;

E. whereas the EU has provided, and still provides, funds for organisations involved in family planning policies in China;

1. Strongly emphasises that, according to the International Conference on Population and Development Plan of Action, the aim of family planning programmes must be to enable couples and individuals to make free, responsible and informed decisions about childbearing and to make available a full range of safe, effective and acceptable methods of family planning of their choice, and any form of coercion has no part to play;

2. Reiterates the fundamental right of all women to access to public health care systems, in particular to primary, gynaecological and obstetric health care as defined by the World Health Organisation;
3. Extends its condolences to the family of the victims, strongly condemns the harassment to which they are being subjected and demands public protection for them;
4. Strongly condemns the decision to force Ms Feng to have an abortion and condemns the practice of forced abortions and sterilisations globally, especially in the context of the one-child policy;
5. Welcomes the Ankang municipal government's decision to offer Ms Feng's family compensation and strongly to sanction local officials involved in the case;
6. Takes note of the fact that Ms Feng's case became widely known thanks to the internet and stresses the importance of freedom of expression, including online; welcomes with satisfaction the emergence of a public sphere for debate, thanks partly to microblogging;
7. Considers important the ongoing debate among intellectuals and academics as to whether or not to continue with the one-child policy in China;
8. Urges the Commission to ensure that its funding of projects does not breach the remarks set out in Section III, Title 21 of the general budget of the European Union for the financial year 2012;
9. Calls on the Commission and the European External Action Service to include forced abortion on the agenda for their next bilateral human rights dialogue with China;
10. Instructs its President to forward this resolution to the Vice-President of the Commission / High Representative of the Union for Foreign Affairs and Security Policy, the governments and parliaments of the Member States, the Delegation of the European Union to the United Nations and the Government and Parliament of the People's Republic of China

Annex 2

Official remarks on the 2012 European Union budget relating to coercive reproductive health programmes and practices

Article 18 03 03— European Refugee Fund

Remarks

(...)

It is intended to support Member States' efforts to integrate refugees and other persons granted supplementary support, and to allow displaced persons to lead a life for which they themselves are responsible, through measures taken chiefly in the following areas:

(...)

- support for persons in particular need of protection, such as women refugees, unaccompanied minors and torture victims, including **victims of forced abortion, female genital mutilation or coerced sterilisation** and rape victims,

Article 18 03 04 — Emergency measures in the event of mass influxes of refugees

Remarks

In the event of mass influxes of refugees or displaced persons, emergency measures in the following areas can be taken under this article:

(...)

- medical, psychological and other assistance, aimed in particular at minors and including specialised assistance to women and girls who have fallen victim to harassment in any form or to criminal acts (rape, violence or specific forms of torture such as **forced abortion, female genital mutilation or coerced sterilisation**) or have suffered because of poor conditions as refugees,

Article 19 04 01 — European Instrument for Democracy and Human Rights (EIDHR)

Remarks

The general objective will be to contribute to the development and consolidation of democracy and respect for human rights, in accordance with Union policies and guidelines and in close cooperation with civil society.

Key areas of activity will include:

(...)

- supporting actions on human rights and democracy issues in areas covered by EU Guidelines, including on human rights dialogues, on human rights defenders, on the death penalty, on torture, **including forced abortion**, female genital mutilation or **coerced sterilisation** and on childhood and armed conflicts,

Article 19 10 02 – Cooperation with developing countries in Central Asia

Remarks

(...)

This appropriation is also intended to cover actions in the areas of basic social services, including basic education, basic health, reproductive health, including HIV/AIDS, **combating forced abortion**, female genital mutilation and **coerced sterilisation**, basic drinking water supply and basic sanitation.

TITLE 21 – DEVELOPMENT AND RELATIONS WITH AFRICAN, CARIBBEAN AND PACIFIC (ACP) STATES

Remarks

Union assistance should not be given to any authority, organisation or programme which supports or participates in the management of an action which involves **such human rights abuses as coercive abortion, involuntary sterilisation or infanticide**, especially where such actions apply their priorities through psychological, social, economic or legal pressure, thus finally implementing the specific Cairo International Conference on Population and Development (ICPD) **prohibition on coercion or compulsion in sexual and reproductive health matters. The Commission should present a report on the implementation of the Union's external assistance covering this programme.**

Article 33 02 05 (Former Article 18 04 07) – Fight against violence (Daphne)

Remarks

This appropriation is intended to support the following areas:

(...)

- to contribute, especially where children, young people and women are concerned, to the development of Union policies and, more specifically, to policies on public health, human rights and equality between men and women, to actions aimed at the protection of children's rights, and to the fight against forced abortion, coerced sterilisation, sex-selective abortion, female genital mutilation, forced marriage, trafficking of human beings and sexual exploitation.

(...)

In particular, this appropriation is intended to cover the following actions:

(...)

conducting information campaigns aimed at combating paedophilia, trafficking in human beings, sexual exploitation, **forced abortion**, female genital mutilation, or **coerced sterilisation** and forced marriage, and at preventing juvenile delinquency:

Annex 3

Reproductive health programme beneficiaries of Commission funds

Commitment position key: SCR.587216.2

Budget:	EU budget centrally administered by the Commission		
Year:	2007	Amount €:	621.770,00
Subject of grant or contract:	Theme II/Increasing equitable access to HIV/AIDS information and services within a comprehensive sexual and reproductive health and rights programme serving the poorest and most at risk groups and those living with or affected by HIV/AIDS.		
Responsible Department:	EuropeAid Cooperation Office	Budget line name and number:	Human and social development – Completion of former cooperation (21.05.03)
Country / Territory:	United Kingdom	Expense Type:	Operational
Geographical Zone:		Action Location:	
Action Type:	Development Cooperation Instrument	Co-financing rate:	90.66 %

Beneficiary

Name: MARIE STOPES INTERNATIONAL*

Address: W1T 6LP LONDON, CONWAY STREET FITZROY SQUARE

Country / Territory: United Kingdom

Commitment position key: SCR.CTR.200548.01.1

Budget:	EU budget centrally administered by the Commission		
Year:	2009	Amount €:	99.000.000,00
Subject of grant or contract:	SECTOR POLICY SUPPORT PROGRAMME NATIONAL RURAL HEALTH MISSION/ REPRODUCTIVE CHILD HEALTH II		
Responsible Department:	EuropeAid Cooperation Office	Budget line name and number:	Cooperation with developing countries in Asia(19.10.01.01)
Country / Territory:	India	Expense Type:	Operational
Geographical Zone:	India	Action Location:	INDIA
Action Type:	Development Cooperation Instrument	Co-financing rate:	N.A.

Beneficiary

Name: BHARAT GANARAJYA* REPUBLIQUE DE L INDE REPUBLIC OF INDIA

Address: **Country / Territory:** India

Commitment position key: SCR.CTR.238275.01.1

Budget:	EU budget centrally administered by the Commission		
Year:	2010	Amount €:	2.500.000,00
Subject of grant or contract:	Building momentum for sexual and reproductive health (SRH) HIV integration in India, Bangladesh, Pakistan, Nepal, Sri Lanka, Afghanistan, Maldives and Iran		
Responsible Department:	EuropeAid Cooperation Office	Budget line name and number:	Health (21.05.01.01)
Country / Territory:	United Kingdom	Expense Type:	Operational
Geographical Zone:	All Countries	Action Location:	India, Pakistan, Sri Lanka, Afghanistan, Maldives, Iran, Nep
Action Type:	Development Cooperation Instrument	Co-financing rate:	80 %

Beneficiary

Name: INTERNATIONAL PLANNED PARENTHOODFEDERATION*IPPF

Address: SE1 3UE LONDON, NEWHAMS ROW 4 **Country / Territory:** United Kingdom **Coordinator:** ✓

Commitment position key: CPM.282542-670001.1

Budget:	EU budget centrally administered by the Commission		
Year:	2011	Amount €:	2.997.443,00
Subject of grant or contract:	DIAGONAL INTERVENTIONS TO FAST-FORWARD ENHANCED REPRODUCTIVE HEALTH		
Responsible Department:	Directorate-General for Research and Innovation	Budget line name and number:	Cooperation — health(08.02.01)
Country / Territory:	India	Expense Type:	Operational
Geographical Zone:		Action Location:	
Action Type:	Research: Framework programme n° 7	Co-financing rate:	Mixed financing

Beneficiary

Name: ASHODAYA SAMITHI SOCIETY*ASHODAYA **Amount € :** 438.372,27

Address:570024 MYSORE, VEENESHESHANNA ROAD **Country / Territory:**India NO K 30 SJL

Name: ASSOCIACAO CENTRO INTERNACIONAL PARA SAUDE REPRODUTIVA*ICRH MOZAMBIQUE INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH **Amount € :** 419.799,60

MOZAMBIQUE - VAT Number: MZ900084889
Address:MAPUTO, AVENIDA SALVADOR ALLENDE **Country / Territory:**Mozambique
 702 BAIRRO

Name: INTERNATIONAL CENTRE FOR **Amount € :** 366.051,26
 REPRODUCTIVE HEALTH
 ASSOCIATION*ICRH

Address:80103 MOMBASA, TOM MBOYA AVENUE **Country / Territory:**Kenya
 TUDOR FOUR

Name: UNIVERSITEIT GENT* - VAT Number: **Amount € :** 776.435,47
 BE0248015142

Address:9000 GENT, SINT PIETERSNIEUWSTRAAT 25 **Country / Territory:**Belgium **Coordinator:** ✓

Name: UNIVERSITY COLLEGE LONDON* - VAT **Amount € :** 295.291,20
 Number: GB524371168

Address:WC1E 6BT LONDON, GOWER STREET **Country / Territory:**United
 Kingdom

Name: UNIVERSITY OF THE WITWATERSRAND **Amount € :** 701.493,20
 JOHANNESBURG* - VAT Number:
 ZA4390128942

Address:2001 JOHANNESBURG, JAN SMUTS AVENUE **Country / Territory:**South Africa
 1

Commitment position key: SCR.CTR.201142.01.1

Budget: EU budget centrally administered by the Commission

Year: 2009 **Amount €:** **1.837.855,30**

Subject of grant or contract: Building Capacity in Local Authority and Private Sector Sexual and Reproductive Healthcare Providers in Viet Nam and Cambodia

Responsible Department: EuropeAid Cooperation Office **Budget line name and number:** Non-State actors in development (21.03.01)

Country / Territory: United Kingdom **Expense Type:** Operational

Geographical Zone: South East Asia Region **Action Location:** Multi-country action: Vietnam and Cambodia. The direct target

Action Type: Development Cooperation Instrument **Co-financing rate:** 75 %

Beneficiary

Name: MARIE STOPES INTERNATIONAL*

Address: WIT 6LP LONDON, CONWAY STREET **Country / Territory:** United Kingdom **Coordinator:** ✓
 FITZROY SQUARE

Commitment position key: SCR.718482.1

Budget: EU budget centrally administered by the Commission

Year: 2008 **Amount €:** **852.779,00**

Subject of grant or contract: Addressing the Reproductive Health, HIV and Primary Health Care Needs of Cambodian Women and Influencing Related National Policies

Responsible Department:	Directorate- General for Development and Cooperation – EuropeAid	Budget line name and number:	Non-State actors in development (21.03.01)
Country / Territory:	Cambodia	Expense Type:	Operational
Geographical Zone:		Action Location:	
Action Type:	Development Cooperation Instrument	Co-financing rate:	85.28 %

Beneficiary

Name: REPRODUCTIVE HEALTH
ASSOCIATION OF CAMBODIA *RHAC

Address: PHNOM PENH, STREET 14 317

Country / Territory: Cambodia **Coordinator:** ✓