TOWARDS A NEW WHO EUROPEAN ACTION PLAN FOR HUMAN RIGHTS-BASED SEXUAL AND REPRODUCTIVE HEALTH (SRH)

In March 2016 a regional consultation of the countries of eastern Europe and central Asia (EECA) took place in Tbilisi, Georgia. The main purpose was to review the latest available draft of the new WHO European Action Plan (EAP) for Human Rights-based Sexual and Reproductive Health 2017–2021. The consultation was organized by the UNFPA eastern Europe and central Asia Regional Office (EECARO), in collaboration with the WHO Regional Office for Europe.

This meeting, attended by the representatives of the Ministries of Health of 17 countries of the EECA, was one important step in a longer process of the European Action Plan development; it provided an opportunity for discussion, giving comments, consultation on its relevance to the countries’ priorities and the new Sustainable Development Agenda. Why is there a need for such a plan? What are the main goals and objectives of it? How does it deal with SRH inequities between and within countries? How will it support the countries to achieve universal access to SRH and accelerate the new Sustainable Development Agenda? These were the questions discussed at the consultation, in addition to the discussion on the content of the EAP.

Common objectives, shared commitments

The consultation brought together the representatives of Ministries of Health involved in policy decisions in the area of SRH, staff from the UNFPA and WHO country offices in eastern Europe and central Asia, as well as international experts in SRH. The main objectives of the meeting were to:

1) Review the progress in development and implementation of national SRH policies;
2) Review the draft European Action Plan for Human Rights Based Sexual and Reproductive Health; and
3) Discuss further ways to assist countries in eastern Europe and central Asia to improve SRH outcomes.

The outcomes of the meeting were a consensus on the EAP and recommendations on further improvement of SRH in the countries EECA Region. The consultation also resulted in a strong commitment of countries to translate the EAP, its approaches and priorities into national SRH strategies and action plans. The urgency of adoption of the plan by the Region was stressed by participants as a key factor for successful implementation of the new SRH agenda in the Region.

Why a European Action Plan on Sexual and Reproductive Health and Rights (SRH&R)?

The main reason for developing this new plan is that in many of the 53 Member States of the WHO European Region, SRH&R still does not fulfill the various goals and objectives that have been agreed and committed to in international agreements, including the Programme of Action agreed at the International Conference on Population and Development (1), the Millennium Development Goals (MDGs, adopted in 2000), the WHO European Regional Strategy on Sexual and Reproductive Health (2) adopted in 2001 and the WHO Reproductive Health Strategy (3), adopted in 2004. Furthermore, the WHO European Region’s vision on health, described in the document “Health 2020” (adopted in 2012, available at: http://www.euro.who.int/en/publications/policy-documents/health-2020.-a-european-policy-framework-and-strategy-for-the-21st-century-2013), also has not yet been operationalized specifically for the field of SRH&R. In several countries of the Region the above agreements have been used for developing and implementing their national SRH working agendas, but new realities and trends in SRH and rapidly changing environments require new regional and national frameworks to reflect SRH priority issues, as well as their solutions, based on lessons learned and experiences gained during last decade.

The Sustainable Development Goals (SDGs), agreed in 2015, now represent the main international development agenda; it reflects renewed commitment to advance SRH by addressing challenges and priority issues, applying innovative approaches and forging new partnerships, including intersectoral collaboration.

Regional SRH policy documents require revision based on new evidence and they have to be brought in line with recently approved strategic documents.

What does the EAP mean in practice for SRH&R in our Region?

The European Action Plan for Human Rights Based Sexual and Reproductive Health (2017–2021) provides a framework to guide and inform development of country specific policy responses, action plans and programmes in improving SRH.

The EAP reflects an issue-based approach to the priorities in the Region. During the last 15 years of the MDGs implementation, significant progress has been made in the European Region and particularly in the countries of eastern Europe and central Asia in improving maternal and perinatal health, family planning, preventing sexually transmitted infections (STIs) and unsafe abortions, as well as improving sexual health overall. However, although much progress has been made, inequalities remain within, as well as between the EECA Countries; SRH outcomes in the European Union (EU) versus the EECA Countries also reflect serious inequalities.

What the data say?

• The EECA Region made significant progress in reducing maternal mortality during the last 15 years, but still the regional average of maternal mortality risk (1 in 1900) is double the one in more developed regions (1 in 3700). The disparities between and among EECA Countries are still significant: the risk of maternal mortality in some central Asian Countries (Kyrgyzstan, Tajikistan and Turkmenistan) are even much higher (1 in 390–500) and closer to the global average of 1 in 190.

• EECA Countries demonstrate diverse trends and dynamics in access to modern contraceptives: the change to mod-
The regional UNFPA/WHO consultations on the European SRH Action Plan in Tbilisi (March 2016) triggered the development process of Georgia’s first ever Maternal and Newborn Health Strategy. Consultations were followed by UNFPA EECARO and Country Office joint advocacy. As a result, UNFPA/Georgia currently supports the Ministry of Labour, Health & Social Affairs in the elaboration of a National Strategy (2017–2030) and the three-year Action Plan for Safe Motherhood and Newborn Care, Reproductive Health and Adolescent and Youth SRH. The documents will be finalized by the end September 2016 and will be aligned with the WHO Regional Action Plan.

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Following the technical consultations held in Tbilisi on March 14–15, 2016 on the European Action Plan for Human Rights-Based Sexual and Reproductive Health 2017–2021, the Ministry of Health convened a multi-stakeholder consultation meeting to provide comments to WHO Regional Office. Participants of this consultative meeting were very grateful for their involvement in the process and noted that “this was the first time that they were consulted for such an important regional document”.

At the national level, the mid-term review of the National SRH Strategy (2010–2020) has been initiated with the support of UNFPA. The process is lead by the Ministry of Health and conducted by a multi-stakeholder group, including NGOs. The main purpose of this process is to align the national policies with regional and global initiatives, such as SDGs, the European Action Plan for Human Rights-Based Sexual and Reproductive Health 2017–2021, various recommendations of human rights mechanisms, Health 2020 Strategy, etc. The process is expected to be completed by the end of the year, with development of an Action Plan.

Afrodita Shalja-Plavjanska, Sexual & Reproductive Health National Programme Officer, UNFPA, TFYR Macedonia

Within the frameworks of the joint programme between the UNFPA and WHO Country Offices in Azerbaijan and following the outcomes and recommendations from the UNFPA/WHO consultations on the European SRH Action Plan in Tbilisi, March 2016, the Ministry of Health of the Republic of Azerbaijan issued an order on the development and operationalization of the National SRH Strategy 2018–2025 in May 2016. The National Institute of Obstetrics and Gynecology of the Ministry of Health of the Republic of Azerbaijan was delegated a leading role to coordinate the process of the development of the new RH Strategy for Azerbaijan. A National Working Group was established and approved by the Ministry of Health. The situation analysis will be completed by mid-July 2016 and the drafting process for the National SRH Strategy 2018–2025 will start in August 2016, with technical support from the WHO Regional Office for Europe and close cooperation with the National Working Group, representatives from other ministries and committees, including international organizations, UN (WHO, UNFPA, UNICEF) and civil society and private sector organizations. The draft Strategy document will be submitted to the Ministry of Health for the endorsement and, subsequently, approved by the Cabinet of Ministers (November 2016).

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How does the EAP reflect the SDGs and particularly, universal access to SRH services?

In the context of the various 53 countries that comprise the WHO European Region, meeting the new SDGs agenda requires stronger commitments, shared accountabilities and coordinated joint efforts of EU member states and EECA Countries, in order to close the gap in universal access. It also means issue based innovative approaches to SRH priorities and emerging issues. It also means more focus on vulnerable groups, wider partnerships and multi-sectoral cooperation. This is exactly what the new EAP calls for and emphasizes.

Core characteristics of the EAP

The basis for the EAP has primarily been the documents mentioned above. In particular SDG 3 is important: “Ensure healthy lives and promote well-being for all at all ages” (1). More specifically target 7 under this goal is key for improving SRH. This target states: “By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education and the integration of reproductive health into national strategies and programmes” (4).

The first part of this target had also been included in the MDGs in 2004; the second part is an important new addition. SDG goal 3 also includes targets related to maternal and child health and to HIV/AIDS, that reappear in the proposed EAP.

The Plan starts with nine “guiding principles,” of which the first two are probably most crucial, because those refer to human rights principles that are central to the document. The first principle is “the right of everyone to the enjoyment of the highest attainable standard of health – a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” The second part of this principle relates to the WHO definition of health. The second principle is the right to non-discrimination, which is crucial for including various vulnerable and marginalized population groups where SRH is concerned, like unmarried people, sexual minorities or refugees.

Another core principle is the “life course approach,” which is a key element now of the WHO’s and its partners’ approach to health in general, but at the same time not always well understood. The life course approach suggests that health outcomes of individuals and communities depend on the interaction of multiple protective and risk factors throughout people’s lives. It also includes the idea that health protection at earlier ages often has a long term impact later in life. This idea is particularly relevant in the case of SRH. For example, prevention of unwanted pregnancy and subsequent birth during a woman’s teenage years will greatly determine her future life, health and well-being. Other principles of the Plan are, among others: people centred care; action oriented and evidence-based; promotion of gender equality; emphasis on prevention and health promotion; community participation; empowerment; and the need for inter-sectoral collaboration because health is not only determined by interventions within the health care system.

The EAP formulates three goals:

1. “To enable all people to make informed decisions about their SRH and ensure that their sexual and reproductive rights are respected, protected and fulfilled.” This goal refers to the need for a rights-based approach and the obligation to inform and educate people on SRH and their rights in this field. The goal is subsequently specified in 4 objectives and for each objectives various key actions are indicated that substantiate the action-oriented character of the Plan. Establishment and strengthening of comprehensive sexuality education is one of these objectives.

2. “To ensure that all people can enjoy the highest attainable standard of SRH and well-being.” This goal is particularly relevant for the health care system. Under five concrete objectives the Plan indicates which actions are needed to address women’s and men’s own concerns in the field of SRH&R, to reduce the unmet need for contraception, to eliminate avoidable maternal and perinatal mortality and morbidity, to reduce STIs, to diagnose and treat infertility and to effectively tackle the problem of reproductive cancers.

3. “To guarantee universal access to SRH and eliminate inequalities.” Under this goal, 4 objectives have been formulated that guarantee that all people have access to SRH information and services, that SRH is sufficiently integrated in public health strategies and that all
relevant stakeholders have a role in reaching those objectives: the so-called “whole government” and “whole society” approach. Adolescents are given specific attention under this goal.

The EAP further indicates how the Plan can be transformed into national action plans, and what the respective roles could be of the Ministry of Health, the WHO Regional Office for Europe, as well as NGO’s and other partners. Finally, the document mentions the need for proper monitoring and evaluation of implementation of the Action Plan. A special M&E expert group has been established, that has already advised the WHO on core indicators that should be used to monitor this process and that countries should periodically report on during implementation of the Action Plan in the future.

Consultation, reaching agreement and adoption of the EAP

Initially, the idea had been to develop a new WHO SRH&R strategy for Europe. For this purpose a meeting was organized in April 2015 in Trieste, Italy, facilitated by the WHO Collaborating Centre in that city. The idea was that the future strategy would become the successor of the one released in 2001, which was meant for the period 2001–2010. However, during that meeting it became clear that there was a need for a more action-oriented document. As a result the title was changed to “Action Plan”, a draft of which was subsequently developed by the WHO Regional Office for Europe. This draft, that has been gradually adapted during the past year, has gone through a process of technical and policy consultations. The above mentioned consultation meeting with country representatives from the WHO and UNFPA EECA has been one important step in this process, that resulted in various recommendations on how to generate more support for adoption and implementation of the Plan. Another milestone has been the high level meeting, with political leaders in Minsk in October last year, on the WHO European Region’s Health 2020. The resulting “Minsk Declaration” includes “actions to promote SRH” (5).

This entire process is expected to come to a conclusion on 12 September this year, when the WHO Regional Committee for Europe will decide on adoption of the Action Plan.

The EAP is also an advocacy tool

The new development agenda (SDGs) and other global commitments are currently in the process of regionalization and nationalization. SRH is not only a fundamental human right, but it is also fundamental for the realization of the development agenda in each country and the entire Region. The new era of development requires adoption and operationalization of action oriented sectoral plans and strengthened multi-sectoral cooperation. From this perspective, the EAP with its principles, format, content and methodology of development is a good example of an action-oriented multi-country effort that could be replicated by other regions and sectors. However, it requires political, financial and technical support for its endorsement and implementation to make sure that it helps countries, where mothers still die giving birth and where people still suffer from diseases and conditions, which could be prevented if universal access to good quality SRH services was provided. Thousands of deaths could be prevented if the priorities, approaches and actions of the Plan become the agenda of each country in the European Region.

References


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