The year 1994 represented a turning point in the way the world thought about population issues. In the Programme of Action adopted by the International Conference on Population and Development (ICPD) held in Cairo, Egypt, population growth was firmly placed in a development context and reproductive health, including sexual health, and rights, as well as women's empowerment and gender equality, were recognized as cornerstones of population and development programmes. The following year, the Fourth World Conference on Women, held in Beijing, People's Republic of China, re-affirmed the ICPD Programme of Action in its Beijing Declaration and Platform for Action.

In the years that followed, many countries and organizations around the world used the ICPD Programme of Action and Beijing Declaration and Platform for Action as templates for the development of their own sexual and reproductive health (SRH) strategies and action plans. Thus, in the WHO European Region, a regional strategy on SRH was developed in 2001 which has been used by many countries in the Region to formulate their national policies. Similarly, a global reproductive health strategy was approved by the Member States of the WHO at the 57th World Health Assembly in 2004.

The Millennium Development Goals (MDGs) adopted by the United Nations (UN) Member States in 2000 were far less ambitious in the area of SRH and were limited to the (politically less controversial) areas of child health (MDG 4), maternal health (MDG 5) and HIV (as part of MDG 6). MDG 5 (“Improve maternal health”) initially called merely for “a three-quarter reduction in the maternal mortality ratio between 1990 and 2015” and, only later, in 2007, was the second target added on “universal access to reproductive health by 2015”.

Although progress has been made over the past 15 years, many challenges remain in fully implementing the Cairo and Beijing action programmes. Also, while there is mostly good news on maternal and child survival, MDGs 4 and 5 in many countries of the WHO European Region have not been achieved. Thus, there is a clear need for having a fresh look at SRH and rights in the countries of the European Region, at the successes and failures, at what worked and did not work and at present needs and realities in order to develop a new action plan. When doing so, a number of recent developments will need to be taken into account.

Foremost among them is the recent adoption, in September 2015, by UN Member States of the action plan Transforming Our World: the 2030 Agenda for Sustainable Development and the associated 17 Sustainable Development Goals (SDGs). Among these, Goals 3, 5 and 10 on health and well-being, achieving gender equality and reducing inequalities, respectively, are of particular relevance to SRH and rights. Specifically, UN Member States have confirmed their commitment to “ensure universal access to SRH care services, including for family planning, information and education and the integration of reproductive health into national strategies and programmes by 2030” (Goal 3, Target 7) and to “ensure universal access to SRH and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences” (Goal 5, Target 6).

Furthermore, The Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030): Survive, Thrive, Transform launched by the UN Secretary-General in September 2015 supports and provides guidance to accelerate momentum for women’s, children’s and adolescents’ health within the overall framework of the 2030 Agenda for Sustainable Development. The Global Strategy takes a life-course approach, recognizing that a person’s health at each stage of life affects health at other stages and also has cumulative effects for the next generation. The recent Minsk Declaration emphasizes the importance of such an approach to health and its relationship to SRH was eloquently articulated in the most recent issue No. 82 of Entre Nous. Also the Global Strategy adopts an integrated and multisector approach, realizing that health-enhancing factors including nutrition, education, hygiene and infrastructure, among others, are essential to achieving the SDGs. In the area of SRH the Global Strategy calls for, inter alia, “ensure universal access to SRH care services (including for family planning) and rights.”

The WHO Regional Committee for Europe, at its 2013 and 2014 sessions, triggered the process of the development of a European Women’s Health Strategy and a new European Action Plan for Sexual and Reproductive Health and Rights that would reflect the strategies and objectives of Health 2020: a European Policy Framework for Health and Well-being and those of other recently approved relevant strategies and action plans of the WHO European Region, such as those on child and adolescent health, food and nutrition, HIV/AIDS, mental health and noncommunicable diseases.

It is hoped that the new European Action Plan for Sexual and Reproductive Health and Rights 2017-2021 will become a major step towards the Region’s vision of “[a] Region in which all people are enabled and supported in achieving their full potential for SRH and well-being; their sexual and reproductive rights are respected, protected and fulfilled; and in which countries, individually and jointly, work towards reducing inequities in SRH and rights.”

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