Introduction
Since the launch of the first WHO Regional Strategy on Sexual and Reproductive Health in 2001 by the WHO Regional Office for Europe much has changed. The Millennium Development Goal deadline of 2015 has arrived and the post 2015 development agenda has brought forward a more comprehensive and holistic approach to development as outlined in the Sustainable Development Goals. Health 2020, A European Policy Framework and Strategy for the 21st Century also embraces a comprehensive approach to health and well-being that is rooted in the concepts of equity, gender and human rights and improved governance for health in order to achieve improved health, well-being and health equity for all in the European Region.

In this evolving development landscape it should come as no surprise that the domain of sexual and reproductive health (SRH) has also evolved, shifting from a historical emphasis on reproductive health to a more holistic perspective of SRH throughout the life-course that recognizes the importance of decreasing inequities in SRH and rights in order for all people to achieve their full potential for SRH and well-being (see Figure 1) (1).

Inequities in SRH in the European Region
Europe, unlike other WHO Regions, is fortunate in that overall indicators of SRH in the Region are primarily positive. Substantial progress has been made by many countries in improving key SRH indicators since the implementation of the first WHO Regional Strategy on SRH nearly 15 years ago. For example, the maternal mortality ratio for the Region was 17.6 per 100 000 live births in 2013 compared to 27.8 in 2000; perinatal mortality decreased from 9.5 deaths per 1000 live births in 2000 to less than 7.4 in 2013; the abortion ratio has nearly halved in this time frame from 431 abortion per 1000 live births in 2000 to 234 in 2013; and the prevalence of modern contraceptive methods has increased from 55.6% to 61.2% during this time period in the Region (2).

However, this does not mean that challenges do not exist. Relying on Regional indicators only often masks significant inequities that exist within and across countries that are associated with factors commonly linked to disparities such as wealth quintile, ethnicity, level of education, age, gender, vulnerable populations such as adolescents, people with disabilities, sexual minorities, elderly and migrants/refugees, and place of residence (see Figures 2 and 3). In fact these social and economic inequalities are well recognized as underlying factors that drive health inequalities, including in SRH, and allow them to persist. Less advantaged population groups, either as result of social or economic exclusion, are more vulnerable to risk throughout their life-course and much less likely to access SRH services or care, leading to more negative SRH outcomes. Numerous societal, legal and cultural barriers exist for many vulnerable groups, making access to SRH care through existing SRH programmes and services a challenge. In this regard, migrants, adolescents and ethnic minorities are at particular risk of facing challenges when attempting to access SRH services. Furthermore, many SRH inequities are rooted in gender inequality that place women and young girls at increased risk of adverse SRH outcomes, including gender based violence, as a result of increased vulnerability due to decreased access to education, employment and economic opportunity and less household.decision making ability/power. The environment is also being increasingly recognized as an important determinant of health that can impact on SRH outcomes and contribute to inequities by directly or indirectly influencing susceptibility and biologic exposure, as for example in select working or living conditions. Structural and political factors also contribute, as the policies, strategies and organization of SRH services often result in control and access to SRH resources that is not always equitable for all members of society. This complex relationship of both individual and structural determinants of health drives the cycle of inequities in SRH health present in the European Region today.
Health 2020 – improving health, well-being and health equity

The approval in 2012 by the Regional Committee for Europe of Health 2020 ushered in a new era of policy development for the Region, with health, well-being and equity at the heart of the new innovative and evidence based framework. Recognizing the contribution of the social determinants of health to health and well-being, a whole-of-society and whole-of-government approach is emphasized, with active engagement of all sectors of society and government in order to promote health and well-being and reduce health inequities. It recognizes that good health is essential for development, enhances economic and social stability and sustainability and is central to poverty reduction. It emphasizes that optimizing good health is a basic human right throughout the life-course for all citizens, not only a privileged few. In order to accomplish the goal of improved health for all, Health 2020 focuses on four common policy priorities: investing in health through a life-course approach and empowering people; tackling the Region’s major health challenges of noncommunicable and communicable diseases; strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response; and creating resilient and supportive environments.

Within this policy context, SRH becomes an integral element of achieving improved health for all and decreasing health inequities through a life-course approach. A growing body of evidence supports that early investment, starting from pregnancy and in utero, has benefits for health promotion and disease prevention throughout the life-course. Pre-conception, pregnancy and the antenatal period all represent critical times where opportunities to influence health behaviours and outcomes, including future development of noncommunicable disease, are possible. Early action is not the only time to intervene. Interventions that happen later in life can also make a difference. For example, sexuality education and youth friendly health services, that counsel, educate about and provide services for SRH, including positive sexual well-being, also provide important opportunities to influence life long health behaviours and outcomes during critical transitional life stages, such as adolescence. Interventions that promote health and prevent disease at other critical transitional stages, where individuals may be vulnerable, such as adulthood and retirement/ageing, can also be delivered using SRH services as entry points. Ensuring equitable access to these types of SRH services and education for all members of society, but especially vulnerable and marginalized populations, needs to be prioritized, guaranteed and protected by governments and society.

The new WHO European Action Plan for SRH and Rights 2017-2021

In alignment with the vision, policies and priorities of Health 2020, promoting health and well-being and reducing health inequities also lies at the heart of the drafted WHO Action Plan as stated below:

“We envision a WHO European Region in which all people are enabled and supported in achieving their full potential for sexual and reproductive health 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 sexual and reproductive health and rights (4)”
In order to attain this vision, the new Action Plan proposes 5 strategic directions, meant for the relevant sectors and actors, which will enable the three primary goals of the new Action Plan to be met. The three suggested goals and objectives are:

- **Goal A:** Promote sexual health and well-being and sexual rights
  - **Objective 1:** Address violations of human rights related to sexuality
  - **Objective 2:** Promote people’s ability to engage in safe and satisfying sexual relationships
  - **Objective 3:** Attend to people’s needs or concerns in relation to sexuality

- **Goal B:** Promote reproductive health and well-being and reproductive rights
  - **Objective 1:** Foster the exercise of reproductive rights
  - **Objective 2:** Reduce unmet need for contraception
  - **Objective 3:** Reduce avoidable maternal mortality and morbidity including that due to unsafe abortion
  - **Objective 4:** Reduce avoidable perinatal mortality and morbidity
  - **Objective 5:** Promote prevention and provide diagnosis and treatment for infertility

- **Goal C:** Strive for universal access to sexual and reproductive health and rights and reduce inequities
  - **Objective 1:** Establish/review sexuality education programmes
  - **Objective 2:** Expand scope and reach of adolescent sexual and reproductive health services
  - **Objective 3:** Establish/strengthen access to sexual and reproductive health services for populations with special needs
  - **Objective 4:** Integrate sexual and reproductive health into national strategies and programmes
  - **Objective 5:** Develop whole-of-government and whole-of-society approaches for effective and equitable implementation of programmes

and within government and society to enhance engagement, leadership, advocacy and participatory approaches to achieve improved engagement, leadership, advocacy and participatory approaches to achieve improved SRH; strengthen information systems in order to appropriately collect and analyze disaggregated data to identify gaps in programmes and population coverage so that interventions can be improved or newly introduced to ensure universal health coverage.

**Taking action to reduce inequities**

Progress can be made in addressing the SRH inequities that exist in the Region. The WHO Regional Office for Europe is committed to working with Member States to help reduce SRH inequities and achieve positive health and well-being for all. The new Action Plan will serve as an important tool and framework to facilitate this process. It clearly articulates key actions under each objective of the primary goals that are based on principles of equity, fostering community and government commitment and participation and strengthening information and awareness of underlying factors that contribute to SRH disparities. This type of plan is significant as a recent review of Member States conducted by the WHO Regional Office for Europe in response to implementation of Health 2020 found that many countries are still lacking policies that address health inequities or social determinants of health (see Figure 4).

This flagship report presents progress made in the European Region in meeting the targets of Health 2020 and clearly demonstrates that while the Region is on track opportunities for greater reduction in health inequalities, including SRH, and improved well-being exist. Full text available in English and highlights available in English, French, German and Russian at: http://www.euro.who.int/en/data-and-evidence/european-health-report/european-health-report-2015

4). Implemented correctly, the majority of the key actions proposed in the Action Plan will have the effect of helping to reduce inequities in SRH throughout the Region, both individually and synergistically. The WHO Regional Office for Europe will further support Member States in achieving this goal by offering and providing:

- technical assistance with the evaluation of the achievements of the current/completed plan of action in SRH and with the situation analysis of the present needs;
- assistance in developing a suitable monitoring framework;
- provision of support to countries for the harmonized and standardized collection of core indicators and the preparation of progress reports;
- dissemination of evidence-based guidelines and tools and assisting countries with their national adaptation;
- facilitation of the exchange of country experiences to highlight barriers and promote best practices;
- close cooperation with partners, including bilateral donor and development agencies and initiatives, funds and foundations, civil society, technical institutions and networks, the commercial private sector and partnership networks in support of national action plans; and
- preparing a mid-term and a final report based on country reports detailing Regional progress in implementing the Action Plan.

Together it will be possible to achieve the proposed vision and attain improved SRH and rights for all throughout the European Region. The suggested draft Action Plan is one of the first important milestones in working towards this goal.

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2. Data are from the EURO HFA Database as updated in September 2015. http://data.euro.who.int/hfadb/

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