Intersectoral collaboration for improving sexual and reproductive health (SRH) is easier said than done. The new and revised Sustainable Development Goals help place focus on issues, including those related to SRH, that require a long term commitment on both a strategic level and in everyday situations. This article will highlight the work being carried out by the Swedish region of Västra Götaland as we implement an intersectoral approach to address these issues, as well as provide some insight into future challenges.

The region of Västra Götaland is, with its 1.6 million inhabitants and 49 municipalities, one of the largest regions in Sweden with health care as its primary responsibility. Organizations of this size demand collaboration, structures and common goals to provide equal care for all its inhabitants. At a first glance the Swedish healthcare system appears to provide extensive access and quality of care for all. However, there are groups falling short.

Sexual health is an important part of general health and Swedish definitions of sexual health, sexual rights, reproductive health and reproductive rights are based on the existing international conventions.

There is a growing consensus that sexual health cannot be achieved and maintained without respect for, and protection of, certain human rights. This is the reason for the region of Västra Götalands commitment to sexual and reproductive health and rights (SRH&R) with emphasis on the second R.

**SRH&R and health equity**

The seventh target under the third Sustainable Development Goal is: “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.”

Universal access depends on how SRH services are organized; on availability and equal opportunities regardless of sex, transgender identity or expression, ethnicity, religion or other beliefs, disability, sexual orientation or age. Inequities in SRH are known in terms of outcomes, but underlying mechanisms and structures are less explored. Examples of the unjust outcomes as a result of inequity include: the prevalence of sexually transmitted infections (STIs) among select populations; the disproportionate exposure to violence and higher rates of mental health challenges in lesbian, gay, bisexual and transgender populations; and in the lack of SRH care for men, to mention a few.

A lack of knowledge about how these underlying mechanisms and structures are maintained and reproduced results in initiatives and measures that tend to be reactive rather than proactive. SRH&R related inequities are especially challenging due to the many taboos inherent within the field. Health care personnel are often reluctant to address sexual issues for reasons that vary from lack of knowledge, to fear of offending the patient and concern about time restraints. This reluctance also manifests itself in ideas about culture and who is willing to talk about sexuality. Such ideas easily transform into arguments as to why healthcare personnel should avoid questions concerning sexuality. However, in contrast to common beliefs, most people want to be asked about their SRH when it is relevant.

**An intersectoral approach for SRH&R**

From a SRH perspective, a population is a group of individual rights holders where everyone is entitled to information and service based on their needs and abilities. The healthcare system thus holds the responsibility to promote, protect and fulfill these rights. In the region of Västra Götaland there are five organizational bodies that work with areas linked to SRH&R on a strategic level. Two political committees work with public health and human rights and three centres of excellence are specialized in SRH&R, equal care and intimate partner violence. Each of these organizational bodies have their specific area of expertise and responsibility to suggest changes in the organization of healthcare at large.

Närhälsan Knowledge Centre for Sexual Health (hereafter called the Centre) was established in 2008 with the mission to prevent STIs, including HIV and hepatitis, but soon broadened its work to include the whole area of SRH&R. The Centre works with organizational development, research, education and project management primarily within healthcare, with the aim to make SRH&R available to those with limited access. A key to
success is the Centre's location within the primary care setting, closely linked to the clinics. This enables a fast track communication between clinical and non-clinical staff, in which the Centre gets input for new projects that ultimately results in developmental work based on the needs expressed by the clinics. One important arena for this communication are the four local networks for SRH&R, with representatives from different areas including, among others, gynaecology, maternity care, youth clinics, school health care and public health. The networks gather four times a year, are coordinated by the Centre and cover the whole region of Västra Götaland. A great example of the efficacy of the networks is the introduction of emergency contraceptives at high schools. At a network meeting the representative for school health care requested the ability to provide emergency contraceptives to students and through participation of the chief physician of maternity care this could be approved immediately.

To make informed decisions about one's SRH people must have enough knowledge and there must be clinics available to provide the services needed. This does not necessarily mean the opening of new clinics, but rather extensive work focused on implementing an SRHR&R perspective within the primary health care. The Centre emphasizes this approach in several ways. One of the most successful examples is the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) clinic certification. To date just under 300 clinics in the Region have undergone the process that leads to certification, including training, group discussions and developmental tasks tailored to the clinic in question. The purpose of the LGBTQ certification is to guarantee a beginning, but other measures must be taken on a structural level. This includes for example how the medical records are structured in terms of gender. Today there is no registration option for non-binary persons, which makes it impossible for people who have changed their national identification number from female to male to be listed as a patient within maternity care clinics. With regard to this matter the Centre has initiated a pilot project with the aim to make the healthcare system accessible by all means to transgendered people.

To respect the rights of the individual, clinics must ensure all aspects of accessibility and remove barriers related to language, physical access and socioeconomic status. To identify these barriers it is crucial to involve key populations in the process. One way of doing that is by a close collaboration with local NGOs. The NGOs can also function as a complement to the public health care. One example is the establishment of an anonymous test point for HIV and Syphilis, funded by the Centre. Since it’s not possible to be tested anonymously within the healthcare system, this is a way of reaching populations that otherwise wouldn’t get tested.

In Sweden the utter responsibility for healthcare lies upon Public Service, but this can be seen as a way of making the healthcare more accessible to the population. However, not all key populations are organized and represented in already existing structures, demanding other strategies. Therefore the Centre cooperates and collaborates closely with both actors within the field of social work and the municipality in order to develop projects that reach all of the population. One of the current common projects is SRHR&R training for language interpreters. Language has been identified as a barrier when it comes to making SRHR&R accessible for newcomers and interpretations within this field can easily become offensive without proper training.

How to move forward

The Sustainable Development Goals and other international agreements are needed to put pressure on the local authorities but is in itself not enough to move forward. We need both national and regional political will to make a true difference in the regional healthcare. To provide universal access we must understand the underlying mechanisms for inequalities in SRHR&R, we must talk with our right holders to understand intersections between groups and how this affects individuals’ possibilities to realize their rights and adapt our systems for healthcare service.

The next step for the region of Västra Götaland is to develop a regional SRH strategy that provides a mandate to change existing structures and facilitate collaboration between different parts of the organization as well as different medical specialties. The Centre is proud to have been assigned this task by the Regional Council in June 2016. This is an extensive work that ultimately should result in implementation of new approaches in the meeting between patient and healthcare personnel. When each and every patient feel that we can meet their individual needs and rights we have reached our goal.

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Image 1. The region of Västra Götaland Clinic nurses at the annual PRIDE parade. 2016. Photo by Jessica Bentssen