As the year 2015 approached, so did the deadline for the Millennium Development Goals (MDGs) and the creation of the post-2015 sustainable development agenda. As a result, countries’ commitments to improving health for all, including sexual and reproductive health, received heightened scrutiny. This moment gave countries the opportunity to take stock of their accomplishments to date, as well to focus on persistent challenges and opportunities to improving the health of everyone, everywhere.

Much progress had been made: extreme poverty had been more than halved, decreasing from nearly half of the population of the developing world in 1990 to 14% in 2015; the proportion of undernourished people globally declined from 23% in 1990 to 13% in 2015; globally, child mortality fell by more than half (from 90 to 43 deaths per 1000 live births) and global maternal mortality by nearly half (380 deaths to 200 per 100 000 live births) over the past 25 years; the number of new HIV infections globally decreased by nearly 40% between 2000 and 2013; and contraceptive prevalence increased globally from 55% in 1990 to 64% in 2015.

Despite these significant achievements however, many of the MDGs were unable to meet their original targets and much of the progress was uneven across and within countries and regions. Inconsistencies of service provision, coordination and integration of services, in addition to duplication of efforts, poor communication and utilization of limited resources, as well as the neglect of marginalized and vulnerable populations, continued to represent persistent health system challenges for improving health, including sexual and reproductive health. Moreover, political, legal and social barriers continued to inhibit access for marginalized populations, despite health system improvements.

It became clear that if countries were to realize the “unfinished agenda” of MDG goals, alternative approaches would be required rather than “business as usual.” An integrated, multi-sectoral approach that addresses the underlying structural, social, political and financial determinants of health and well-being must be implemented. This was recognized as crucial to ensure that no one would be left behind and to guarantee that increasing and continuing inequities would be reduced.

Globally, the response to this challenge was the development of the Sustainable Development Goals. Within the WHO European Region, a new roadmap, *Health 2020: A European Policy Framework and Strategy for the 21st Century* recognized and addressed the importance of implementing a new public health approach to improve the health and health equity of Europe’s population.

Intersectoral collaboration lies at the heart of these global and regional responses – but what exactly does intersectoral collaboration mean, and how is this different from previous approaches to ensuring people’s rights to the highest attainable sexual and reproductive health? WHO defines intersectoral action for health as “actions undertaken by sectors outside the health sector, possibly, but not necessarily, in collaboration with the health sector, on health or health equity outcomes or on the determinants of health and health equity.”

Intersectoral action recognizes that improved health for the whole population, and especially the most marginalized, cannot be attained if governments see it as the sole responsibility of the health sector; health equity is largely determined by policies and socio-economic contexts external to the health system. Unless opportunities for links to be made with other sectors are found, invested in and acted upon, improvements in the social determinants of health and in national health equity cannot be achieved. Intersectoral action enables us all – health care providers, policy makers, community members, educators, academics, law makers, government officials and the private sector – to engage effectively. It means we can collectively reduce health inequities through shared responsibility and coordinated policies and programming. Intersectoral action can be taken through formal or informal agreements, partnerships, alliances, coalitions or initiatives that operate through different levels within the same sector (vertically) and between different sectors (horizontally).

In recognition of the strength of such an approach, it is the responsibility of national governments and the global community to jointly provide the required partnerships, relationships, resources, goals, vision and leadership to create conditions of success for intersectoral collaboration. If this collaboration is achieved, the rewards will more than outweigh the efforts.

This issue of *Entre Nous* provides several informative examples and exciting ideas on how collaborative action can improve sexual and reproductive health in the European Region. As we work together towards achieving the Sustainable Development Goals, we can embrace an intersectoral approach to ensure that all of Europe – and indeed the world – can enjoy a future that ensures improved health, health equity and sexual and reproductive health and rights for all.

Ian Askew, MA, PhD,
Director, Reproductive Health and Research,
including UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction,
WHO headquarters,
askewi@who.int