Eras are usually characterized by the fact that they have a beginning, an end and that significant things have happened while they lasted.

Today, we have come to the end of the era of Entre Nous, the European Magazine for Sexual and Reproductive Health. During its era it has existed as a printed media distributed in eight languages throughout Europe, the two-block Europe, the post cold war Europe, the post-soviet Europe and finally, today’s Europe with a more unified understanding of political, social, public health and rights issues.

This last issue of Entre Nous can therefore not be only about numbers and statistics. It is also about how communication and the sharing of up-to-date knowledge has, beside, or sometimes independently of improvement of socio-economic conditions, health policies and health services, changed knowledge, attitude and practice in the individual approach to reproductive health, as well as in the approach of society as a whole to sexual and reproductive health (SRH) issues.

What has changed in the SRH debate and in the SRH status of populations since 1983? How has Entre Nous contributed to this change, if at all?

These are two questions that are not easy to answer. Looking back at the newsletter–style 1983 issue, we can see clearly that some of the issues dealt with then still present challenges today, though their extent is perhaps different. In the Entre Nous issue of January 1983, Waddad Haddad, the Regional Adviser for Sexuality and Family Planning at the time, wrote: “a few basic problems are common to most countries of the Region….” as she went on to cite examples of these common problems:

– “Family Planning services are not fully integrated into general health services and receive inadequate legislative support.”;
– “Health personnel lack adequate training in family planning and sexuality, especially in how to manage family planning services and how to handle their psychosocial aspects.”;
– “Workers in family planning do not benefit from an adequate international exchange of information on their counterparts’ experience with family planning services and on the results of their studies.”;
– “Two high risk groups, migrants and adolescents, receive less attention than they should.”; and
– “In both developed and developing countries, the traditional role of men and women is changing but the consequences of this change for contraceptive practice have not yet been fully assessed…….”

Following the tracks laid by Waddad Haddad in the late seventies and early eighties, we have, in many issues of Entre Nous, as well as in many other WHO or UNFPA publications and in numerous conferences, workshops and training programmes, tried to improve and contribute to the international exchange between health workers and planners of health services. The hope was that this would lead to mutual inspiration and a healthy competition with new ideas to try and resolve at least the first two issues mentioned above.

Our hopes and investments, both in terms of time and finances, were rewarded: the health statistics collected by ministries of Health over the decades and collated in the Health for All Database of WHO, show statistical curves reflecting the extreme health divides in Europe in the eighties, and their gradual alignment from the early nineties onwards (see Graphs 1 and 2) (1). We saw accelerated progress in the development of SRH policies at regional and national levels and the improvement of the quality of SRH services, in line with international evidence based standards, guidelines and protocols. Significant progress was made in the reduction of maternal and infant mortality (see Graphs 1 and 2) (1) and in mortality caused by unsafe abortion through more knowledge about and increased access to modern contraception. Of course, this achievement was due
to many factors: socio-economic growth, increased investment in health services overall and health care reforms giving the primary care sector more responsibility, knowledge and resources to also address SRH, including family planning.

Significant progress has also been made in the knowledge adults and young people have about their bodies, their sexuality, their rights, protecting themselves against unwanted pregnancy and sexually transmitted infections (see Image 1) (2). Very significant progress has been made, in many countries, with regard to addressing issues of health and sexuality education in schools. We have also seen significant progress with respect to medical staff knowledge and attitude on how to address issues previously considered very private and impossible to speak about, especially with young people. Staff at the primary health care level have learned to address sexuality and family planning as part of a history-taking and counseling routine. Patients – or clients – have, on the other hand, by and large, learned that they can address these issues with their doctor or nurse without having to feel ashamed.

This cultural change of attitude and practice has perhaps required the biggest input and much more advocacy effort than raising funds to buy essential drugs or family planning commodities to improve SRH. Raising funds for drugs is seen as “neutral” and “objectively necessary”, whereas speaking about sex in a professional, counseling or educational context, did and still does meet a lot of resistance. Paradoxically, it was not only a gradual liberalization of values, but also really the explosive growth of the HIV/AIDS epidemic that made the change of culture not only necessary, but also urgent.

The role of civil society organizations and youth and students’ organizations in particular has been pivotal in the move towards mainstreaming SRH. Initially, their work was nearly hidden and they had to tread carefully. In the 1980’s, there was a network of family planning clinics belonging to volunteer family planning associations, tucked away in little corners of town - this was where you could go to get advice and commodities, and if you did, it was considered better not to be seen. Today, general practitioners (GPs) in most countries of the European Region will provide the same advice and no one has to worry about being seen.
on the way in and out because you could be consulting a GP for a broken leg or common cold. That is progress, because it makes it possible for many more to use the services.

Significant progress has been made thanks to another field of advocacy: the work with politicians and parliamentarians. The turning point was the International Conference on Population and Development (ICPD) in 1994, spearheaded by Dr Nafis Sadik of the UNFPA and Professor Dr Fred Sai, where SRH was, perhaps for the first time, addressed so openly and explicitly at a high-level global political meeting.

Following ICPD, it became possible and accepted for politicians to speak openly about SRH as an integral part of a country’s national agenda to improve the health of its population. This included recognizing the facts and the challenges and addressing the necessary financial and human resource investments. It included speaking about SRH in news programmes and talking to those who needed the services, including young people. As a result, over the years and decades to come, global, regional and national strategies were developed to respond to the needs and guide health systems investments towards SRH. In recognition of the fact that in 1994 there were many countries that could not cover all health and reproductive health commodities themselves, or fund all the necessary training and re-training of health staff, donor countries and development agencies established multiyear commitments and cooperation frameworks for investments to work towards reducing reproductive ill-health and preventing unnecessary and premature deaths.

The agreement on the Millennium Development Goals in the year 2000 initiated by the former UN Secretary General Kofi Annan and the commitment of the global community to achieve these Goals represented a major stepping stone: for the first time, quantitative, measurable goals were set which made planning, investment and accountability processes more transparent. As a result, some of the already existing joint programmes, such as the mutual support of WHO and UNFPA, became more clearly structured and formalized. Since 2014 UNFPA/WHO Regional cooperation has been framed by the Regional Joint Programme on SRH to accelerate the interagency efforts in response to priority issues in the area of SRH, and this year, in September 2016, the 66th European Regional Committee of the WHO adopted the “Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind”, which draws the way forward, linking the ICPD Programme of Action and the 2030 global health and development agenda priorities.

The financial investments made in SRH received a further boost with the interagency and multicountry commitment to strengthen health systems overall, in recognition of the fact that individual diseases or health problems cannot be tackled successfully if health systems are weak.

However, the investments made still focus largely on the provisions of goods, services and training, and only in a minor way on supporting research that is badly needed, especially operational research regarding the development of cost-effective and user friendly models of SRH services. It was only relatively late that the internationally funded inter-agency Programme of Research, Development and Research Training in Human Reproduction (HRP) began allocating funds to this area of research aiming to improve implementation.

Today, it is accepted that research is an essential component of strategies at the national and global level if progress is to be made. Entre Nous has, in many issues over the past decades, helped to share and to shape the research agenda and in this way helped researchers to exchange their scientific results and experiences (see Image 2) (3). As a result of this work, many Reproductive Health and Research Collaborating Centres of the WHO could initiate research on such different areas of importance such as: standardization of RH indicators; abortion and its complications in different parts of the Region; contraceptive prevalence; and knowledge, attitude and practice studies among adolescents.

Despite the significant results achieved by countries, universal access to SRH remains one of the priorities of the new 2030 agenda, which renewed the commitment of the countries and the global community and expanded the opportunities to invest in SRH through effective policies, innovative approaches, and strengthened interagency and intersectoral cooperation (see Image 3) (4).

Now, let’s go back to what Waddad Haddad wrote in 1983 and see where the agenda is still unfinished: migrants and adolescents, she said, were two groups who required more attention than they were receiving. Today, more than ever, with the unhaltable stream of migrants and refugees arriving from resource depleted conflict zones into areas which sometimes do not have the additional resources needed to cope with the needs of such large population groups, largely consisting of people of reproductive age, this statement still holds true. Over the years, Entre Nous has, in several issues, described the challenges and provided a
platform for examples of good practice – from the setting up of migrant clinics for patients not registered in the respective national health care system, to the provision of standard reproductive health kits as integral parts of kits provided by the UN Refugee Agency (UNHCR) and other organizations to refugee camps, to addressing issues of gender-based violence in conflict zones and refugee settings. We cannot be sure of, but can hope, that some of the experiences published help those health workers and policy makers who have to confront these issues today.

Entre Nous has also played an important role with regards to the SRH of youth. Many issues of Entre Nous have dealt with adolescents’ needs, counseling approaches, rights issues, risks and strengths, peer education, school programmes and the like. The publications went hand in hand with an increased training and sensitization of health workers, a general empowerment of young people to take decisions regarding their own life at an earlier age and the establishment of clinics catering for their needs. Entre Nous provided a small building block in the overall developments, but in many cases an important building block, as experiences with youth clinics were carried from one country to another, through sharing of experiences in the magazine, and the concept expanded.

To respond to varying needs of readers and end users, the format and contents of Entre Nous, have been modified over the years of its existence, taking into account that in the era of rapid development of technologies, new mechanisms and instruments are needed for communication, advocacy and knowledge-sharing. Thus, the web based format of the magazine reached a wider audience and provided the opportunity for the further sharing of articles through social media, with the printed version fading into the background. Each issue continued to highlight upcoming events in the Region and presented new publications, reports and research findings in the area of SRH, focusing on a particular topic, sharing knowledge, experiences and evidence from the Region and advocating for advanced SRH policies, services and strengthened cooperation.

The ideas, evidences and values, shared by the different issues of Entre Nous during many years will remain available in the electronic archive as evidence of the progress in the area of SRH in the Region for over 30 years. Entre Nous itself as a publication will not continue, but in the future, the priority issues, policy papers and research reports on SRH will be integrated and shared by various other communication channels and existing platforms in the European Region.

We can be sad, but perhaps, in reality, that is a good thing; there was a time when SRH was a more private matter and that was why it had to be discussed. In fact, “Entre Nous” - French for “between us” implied a private matter between two people, or in fact only those professionals concerned who dealt with gynaecology, sexology, sexually transmitted infections, HIV and SRH as their main occupation. Today, thanks to publications like Entre Nous and all those who contributed to it, SRH is rightly considered everybody’s business and everyone’s responsibility and there is no longer a need to keep it “between us”.

So all is as it should be and we can therefore, with a light heart say goodbye and thank you to Entre Nous and to all those who made it happen. It was hard work, it was sometimes difficult and diplomatic work, but it was inspirational and moving – and sometimes it was, yes, we can say it: it was also fun, and an honour to have been part of the process!

Assia Brandrup-Lukanow, MD, Consultant in International Public Health, Former Regional Adviser, Reproductive Health and Research, WHO Regional Office for Europe, assiabrandrup@yahoo.de

Tamar Khomasuridze, MD, PhD, SRH Regional Advisor, UNFPA Regional Office for Eastern Europe and Central Asia, khomasuridze@unfpa.org

References